



VILLAGE OF LINCOLNWOOD

6900 Lincoln Ave. | Lincolnwood, IL 60712 | Phone: 847-673-7402

www.lincolnwoodil.org | commdev@lwd.org

Public Hearing Application - Development Review Team

SUBJECT PROPERTY

Property Address: _____

Permanent Real Estate Index Number(s): _____

Zoning District: _____ Lot Area: _____

Are there existing development restrictions affecting the property? Yes___ No___

(Examples: previous Variations, conditions, easements, covenants) If yes, describe: _____

PROPERTY OWNER/PETITIONER INFORMATION

Property Owner(s): *(List all Beneficiaries if Trust)*

Name: _____

Address: _____

Telephone: (____) _____ Fax: (____) _____ E-mail: _____

Petitioner: *(if Different from Owner)*

Name: _____ Relationship to Property: _____

Address: _____

Telephone: (____) _____ Fax: (____) _____ E-mail: _____

Project Contact Person:

Name: _____ Title: _____

Address: _____

Telephone: (____) _____ Fax: (____) _____ E-mail: _____

PROJECT DESCRIPTION

Describe the Request and Project, Proposed Use, and Operations. Use additional paper if necessary: _____

ATTACHMENTS

Check Applicable Documents Attached:

Plat of Survey _____	Building Elevation(s) _____
Site Plan _____	Lighting Plan _____
Landscape Plan _____	Traffic/Parking Study _____
Floor Plans _____	PDF Files of All Drawings _____
Other, Describe _____	

COST REIMBURSEMENT REQUIREMENT

The Village requires reimbursement of certain out-of-pocket costs incurred by the Village in connection with applications for zoning approvals and relief. These costs include, but are not limited to, mailing costs, attorney and engineer costs, and other out-of-pocket costs incurred by the Village in connection with this application. In accordance with Section 5.02 of the Village of Lincolnwood Zoning Ordinance, both the Petitioner and the Property Owner shall be jointly and severally liable for the payment of such out-of-pocket costs. Out-of-pocket costs incurred shall be first applied against any hearing deposit held by the Village, with any additional sums incurred to be billed at the conclusion of the hearing process.

Invoices in connection with this application shall be directed to:

Name: _____

Address: _____

City, State, Zip: _____

ATTESTMENT AND SIGNATURE

I hereby state that I have read and understand the Village cost reimbursement requirement, as well as the requirements and procedures outlined in Article V of the Village Zoning Ordinance, and I agree to reimburse the Village within 30 days after receipt of an invoice therefor. I further attest that all statements and information provided in this application are true and correct to the best of my knowledge and that I have vested in me the authority to execute this application.

PROPERTY OWNER:

PETITIONER: (if Different than Property Owner)

Signature

Signature

Print Name

Print Name

Date

Date