



# VILLAGE OF LINCOLNWOOD

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

[www.lincolnwoodil.org](http://www.lincolnwoodil.org) | [commdev@lwd.org](mailto:commdev@lwd.org)

## Public Hearing Application - Map Amendment

### SUBJECT PROPERTY

List all property addresses subject to the requested Map Amendment and attach a map identifying the extent of the subject property.

Property Address(es): \_\_\_\_\_

Permanent Real Estate Index Number(s): \_\_\_\_\_

Current Zoning District: \_\_\_\_\_ Proposed Zoning District: \_\_\_\_\_

Lot Area: \_\_\_\_\_

Are there existing development restrictions affecting the property? Yes\_\_\_ No\_\_\_

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

### PETITIONER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_) \_\_\_\_\_ Fax: (\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Property Owner(s):** (if Different from Petitioner)

Name: (List all Beneficiaries if Trust) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_) \_\_\_\_\_ Fax: (\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

### 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*

### **REQUIRED ATTACHMENTS \***

Check Applicable Documents Attached:

Map Amendment Standards \_\_\_\_\_

Plat of Survey \_\_\_\_\_

Proof of Ownership \_\_\_\_\_

Photos of the Property \_\_\_\_\_

PDF files of all documents \_\_\_\_\_

*\*The above documents are required for all applications. The Zoning Officer may release an applicant from specific required documents or may require additional documents as deemed necessary.*

## MAP AMENDMENT STANDARDS

*To be approved, the requested Map Amendment must meet certain specific standards. These standards are listed below. After each listed standard, explain how the Map Amendment satisfies the listed standard. Use additional paper if necessary.*

1. Nature of Request: Explain below why you are seeking a Map Amendment to the Zoning Map. What is it that you would like to do that requires a change in the zoning of the subject property?

---

---

---

---

---

---

2. What existing uses and structures are located on the subject property? How does the proposed Map Amendment impact the conforming status of the existing uses and structures?

---

---

---

---

---

---

3. Identify the zoning of the surrounding properties. Identify how the proposed Map Amendment is consistent with the surrounding zoning and the Comprehensive Plan.

---

---

---

---

---

---

4. Indicate why you believe this zoning change is needed and why it would benefit the Village.

---

---

---

---

---

---



# VILLAGE OF LINCOLNWOOD

## COMMUNITY DEVELOPMENT DEPARTMENT

### PUBLIC HEARING FEES AND DEPOSIT SCHEDULE

#### Plan Commission

Hearing Type	Hearing Fee*	Hearing Deposit**
Special Use – Non Residential Property	\$500	\$2,000
Special Use – Residential Property	\$250	NA
Reasonable Accommodation	\$250	\$2,000
Text Amendment	\$500	\$2,000
Map Amendment	\$500	\$2,000
Planned Unit Development (PUD) 0 to 5 acres	\$1,250	\$10,000
Planned Unit Development (PUD) 5 to 10 acres	\$2,500	\$10,000
Planned Unit Development (PUD) Over 10 acres	\$3,000	\$10,000
Minor Subdivision	\$250	NA
Major Subdivision	\$500	\$2,000

#### Zoning Board of Appeals

Hearing Type	Hearing Fee*	Hearing Deposit**
Major Variation – Non Residential Property	\$500	NA
Major Variation – Residential Property	\$250	NA
Variation – Off-Street Parking	\$500	NA
Variation – Design Standards	\$250	NA
Minor Variation	\$125	NA
Sign Variation/Special Signs	\$500	NA

\* Hearing fees are non-refundable.

\*\* Hearing deposits shall be applied to out-of-pocket expenses incurred by the Village as the result of the Public Hearing process. If additional costs are incurred, or if no deposit is provided, such out-of-pocket expenses will be billed directly to the applicant.