



**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 all Documents that are 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

### For Office Use Only

Deposit Amount Received: \_\_\_\_\_ Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

The article(s), section(s) and paragraph(s) of Zoning Ordinance from which Action is being sought:

\_\_\_\_\_  
\_\_\_\_\_