



**SUBJECT PROPERTY**

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

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

Zoning District: \_\_\_\_\_ Lot Area: \_\_\_\_\_

List all existing structures on the property. Include fencing, sheds, garages, pools, etc.

\_\_\_\_\_

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

(Examples: Previous Variations, Conditions, Easements, Covenants) If yes, describe: \_\_\_\_\_

\_\_\_\_\_

**REQUESTED ACTION(S)**

- Reasonable Accommodation: CILA Community Residence
- Reasonable Accommodation: Non-CILA Community Residence
- Other Reasonable Accommodation

Identify the specific zoning regulation(s) for which this Reasonable Accommodation is requested.

\_\_\_\_\_

\_\_\_\_\_

**DESCRIPTION**

Describe the Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_

## REQUIRED ATTACHMENTS

**BELOW IS A LIST OF DOCUMENTS WHICH MUST BE ATTACHED TO THIS APPLICATION. CHECK THE BOX FOR EACH DOCUMENT THAT IS ATTACHED.** The Zoning Officer may require additional documents as deemed necessary to your request.

**I. FOR ALL APPLICATIONS**, the following documents are required:

- Plat of Survey/Legal Description
- Proof of Ownership
- Statement identifying/describing the disability or disabilities of the individual(s) for whom this request is made and the basis for the claims that the disability/disabilities are subject to the federal Fair Housing Act.
- Statement and supporting documentation as to why this request is financially, therapeutically, or otherwise necessary to afford a disabled person(s) an equal opportunity to use and enjoy housing in the Village.

**II. FOR ALL COMMUNITY RESIDENCE REQUESTS**, the following additional documents are required:

- Operating Organization**: Provide a statement listing the name, address, and telephone number of the organization that will operate the residence and identifying the structure of ownership and governance of the organization.
- Disclosure Statement**: Provide a statement containing the name, address, driver's license number, and telephone number of **ALL** officers, directors, partners, managers, and **ALL** owners of at least 25% of the stock of the proposed operator.
- Operator Experience**: Provide a statement as to whether the proposed operator or any persons required to be identified on the required Disclosure Statement have operated or are currently operating any housing facilities for disabled persons. If there is such experience, further provide:
  - a. the name/address of each facility location;
  - b. a statement whether the operator/persons identified have been cited or found liable by any unit of government for any violations of law in connection with the facility; and
  - c. a statement whether any license or certification issued for any facility has ever been suspended or revoked.
- Distance Separation**: Provide a statement certifying that there are no existing community residences in the Village located within 800 feet of the proposed community residence.
- Maximum Occupancy**: Provide a statement identifying the total maximum occupancy proposed for residence at the subject property (including full-time residents and caregivers).
- Operations Statement**: Provide a statement identifying the typical services to be provided on site, the number of employees, anticipated number of vehicles, deliveries, and any other general operating practices or standards; and
- License or Certification**: Attach either the CILA license or other license or certification issued for the proposed residence.

## REQUIRED ATTACHMENTS (Continued)

III. FOR ALL OTHER REASONABLE ACCOMMODATION REQUESTS, the following additional documents are required:

- Site Plan
- Floor Plan
- Building Elevations
- Photos of the Property
- Pdf Files of all Drawings

## 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 also understand that if I desire a Reasonable Accommodation from the Zoning Code based on disability or handicap, that I must complete and submit a different application for consideration and by submitting this application for a Variation, I am attesting that I am not seeking a Reasonable Accommodation. 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

## REASONABLE ACCOMMODATION STANDARDS

*To be approved, each Reasonable Accommodation request must meet certain standards. These standards are listed below. After each listed standard, explain how the request satisfies the listed standard. Use additional paper if necessary.*

1. Whether the housing that is the subject of the request will be used by an individual or a group of individuals considered disabled or handicapped under the federal Fair Housing Act.
2. Whether the requested Reasonable Accommodation is financially, therapeutically, or otherwise necessary to make specific housing available to the individual or group of individuals with a disability or handicap under the federal Fair Housing Act.
3. Whether there are alternative Reasonable Accommodations available that would provide an equivalent level of benefit.
4. Whether alternative accommodations would be suitable based on the circumstances of the particular application.



## REASONABLE ACCOMMODATION STANDARDS (Continued)

9. Whether the requested Reasonable Accommodation substantially affects the physical attributes of the subject property.



# 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.