



Village of Clarendon Hills

Zoning Board of Appeals/Plan Commission

ZBA/PC Application

Property Location: _____ Applicant: _____

Phone No.:() _____ - _____ FAX No.:() _____ - _____

E-Mail Address: _____

Applicant's Address: _____ City _____ State _____ Zip Code _____

Ow ner of Subject Property: _____ Phone No.:() _____ - _____

Ow ner's Address: _____ City _____ State _____ Zip Code _____

Legal Description (Attach as Exhibit A) _____ P.I.N. No.(s): _____

Existing Zoning: _____ Area of Property: _____ acre & (sq.ft.)

Existing Site Improvements: _____

Action(s) Requested (please check all that apply):

Variation __, Rezoning __, Special Use __, Concept Plan Presentation __, Text Amendment __,

Appeal __, PUD Plat __, Subdivision Plat __, Other _____.

Detailed Description of Requested Action(s):

Requesting _____ in accordance with

Section(s) _____ of the Zoning Ordinance

and/or Subdivision Control Ordinance to allow _____

This application and supporting documentation, to the best of my know ledge, is true and accurate:

(Signature of Ow ner) _____ (date) _____

(Signature of Applicant) _____ (date) _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____

(Notary Public and Seal)