



APPLICATION FOR EXTENSION OF SPECIAL USE PERMIT / VARIANCE

Will County Land Use Department • Development Review Division
 58 E. Clinton St., Suite 100 • Joliet, Illinois 60432
 Telephone (815) 740-8140 • Facsimile (815) 774-3386

Internet Site: <http://www.willcountyllinois.com/County-Offices/Economic-Development/Land-Use>

Temporary Use Permit application # _____ (staff only)

PART A – APPLICANT INFORMATION

Owner Information			
Full Name			
Owner Address	<i>House Number & Street:</i>		
	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
Contact Information	<i>Phone:</i>	<i>Email:</i>	
Agent Information (if different from above)			
Full Name	<i>Last:</i>	<i>First:</i>	
Agent Address	<i>Number & Street:</i>		
	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
Contact Information	<i>Phone:</i>	<i>Email:</i>	
Agency/Firm Name			
Attorney Information			
Full Name	<i>Last:</i>	<i>First:</i>	
Attorney Address	<i>Number & Street:</i>		
	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
Contact Information	<i>Phone:</i>	<i>Email:</i>	
Agency/Firm Name			

PART B – EXISTING PROPERTY INFORMATION

Existing Property Information			
PIN(s)			
Parcel Size			
Township		Section	
Property Address	<i>House Number & Street:</i>		
	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
Current Zoning			Current Land Use
Water Supply <small>(check one)</small>	Public	Well	Sanitary System <small>(check one)</small>
			Sewer Septic

PART C – TEMPORARY USE INFORMATION

Temporary Use Information		
What is the proposed temporary use?		
What are the dates and hours of operation?		
Will there be employees? If yes, how many?		
Will any existing buildings / structures to be used in conjunction with the temporary use?	Yes	No
<i>If yes, explain:</i>		
Will the temporary use involve the installation of any temporary buildings / structures?	Yes	No
<i>If yes, explain:</i>		
Is electric service needed in conjunction with the temporary use?	Yes	No
What is the anticipated number of attendees?		
Will liquor be served at the event?	Yes	No
Will food be sold, prepared or served at the event?	Yes	No
What parking accommodations, if any, are being made?		
What sanitary facilities, if any, are being provided?		
What is the anticipated noise level of the temporary use?		
No different than existing conditions Minimal increase - If checked, explain _____ Significant increase - If checked, explain _____		
What is the anticipated lighting level of the temporary use?		
No different than existing conditions Minimal increase - If checked, explain _____ Significant increase - If checked, explain _____		
Provide a statement as to how the proposed temporary use will not adversely affect the public health, safety or general welfare of the County and or immediate neighborhood:		

Office Use Only

Planning and Zoning Commission approval required:	YES	NO
Adjoining neighbor notification required:	YES	NO

PART D - SIGNATURES AND NOTARIZATION

I, (We) consent that all above statements and the statements contained in any papers or plans submitted herewith are true to the best of my (our) knowledge and belief.

I, (We) consent to the entry in or upon the premises described in this application by any authorized official of the County of Will for the purposes of completing any reviews deemed necessary by the submittal of this application.

I understand that application fees shall not be refunded or waived, except as may be determined on a case-by-case basis, by the Will County Board, or as determined by the Will County Land Use Department if fees are erroneously paid or collected.

I, (We) have read and are familiar with the temporary use permit application requirements and all applicable sections of the Will County Zoning Ordinance.

I, understand that any information and supporting documentation, including but not limited to plats of surveys and site plans, provided with this application will become public record and subject to the Freedom of Information Act, and may be released as part of a document request.

Owner and/or agent/attorney printed names, and signatures:

Name (identify owner/agent/attorney)

Signature

- 1. _____
- 2. _____
- 3. _____
- 4. _____

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, 20____.

Notary Public

PART E - APPLICATION FOR TEMPORARY USE PERMIT SUBMITTAL CHECKLIST

Completed temporary use permit application

Copy of recorded deed

Plat of survey (to scale) from a professional land surveyor showing existing structures on paper size not exceeding 11" x 17".

Plot plan – the plat of survey is a useful base map. The plot plan must include the following:

- Scale, north arrow
- Dimensions and acreage of subject parcel
- Setbacks from all existing and proposed improvements to all property lines
- All site details (including dimensions and location of proposed temporary use, parking, and other pertinent information)
- All land use details
- Location of well and septic system

\$200 application fee- Application fees shall not be refunded or waived, except as may be determined on a case-by-case basis, by the Will County Board, or as determined by the Will County Land Use Department if fees are erroneously paid or collected.

Affidavit of Owner's Consent (if applicable)

Disclosures of Beneficiaries (if applicable)

Affidavit of permitted temporary use of residence (if applicable)