



## APPLICATION FOR APPEAL OF ADMINISTRATIVE DECISION

Will County Land Use Department  
 58 E. Clinton St., Suite 100 • Joliet, Illinois 60432  
 Telephone (815) 740-8140 • Facsimile (815) 774-3386  
 Internet Site: <http://www.willcountvillinois.com/County-Offices/Economic-Development/Land-Use>

AAD # \_\_\_\_\_ (staff only)

### PART A – APPLICANT INFORMATION

Owner Information			
Full Name			
Owner Address	<i>House Number &amp; 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 &amp; 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 &amp; 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 &amp; 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 – APPEAL INFORMATION**

Identify the Section (and subsections) of the Zoning Ordinance subject to the appeal:

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State exactly what is intended to be done on or with the subject property which conflicts with the administrative order, requirement, decision, or determination:

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Describe the administrative order, requirement, decision or determination that you are appealing:

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Describe what you believe to be the correct determination and why:

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NOTICE: You will be notified of the date and time of the Planning and Zoning Commission meeting. You and/or your representative must be present at the meeting and be prepared to present your appeal to the Commission. If you and/or your representative are not present, the Commission may not hear your appeal.

**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, (We) have read and are familiar with 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:

	<u>Name (identify owner/agent/attorney)</u>	<u>Signature</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

SUBSCRIBED AND SWORN TO BEFORE ME

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

## **PART E - APPLICATION SUBMITTAL CHECKLIST**

Completed appeal 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

Affidavit of Owner's Consent (if applicable)

Disclosures of Beneficiaries (if applicable)

Violation documentation (if applicable)