



## APPLICATION FOR AN APPEAL OF A PLANNING AND ZONING COMMISSION 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>

APCD # \_\_\_\_\_ (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 exact zoning request or matter presented to and denied by the Will County Planning and Zoning Commission, including the date of the decision:

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Describe the Will County Planning and Zoning Commission decision that you are appealing:

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

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**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