



APPLICATION FOR ELDER COTTAGE HOUSING OPPORTUNITY

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>

ECHO 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 – ECHO UNIT REQUIREMENTS

ECHO Unit Requirements		
Square footage of ECHO unit		
Occupant eligibility	Elderly (62+)	Disabled
Is the ECHO unit a mobile home manufactured under the authority of 42 USC §5401 of the National Manufactured Home Construction and Safety Standards Act?	Yes	No
Does the owner understand that the ECHO unit must comply with all applicable building setbacks and Will County Health Department regulations?	Yes	No
Does the owner understand that once the eligibility requirements are no longer met, the lot owner has up to 6 months to remove the ECHO unit from the property?	Yes	No
Does the owner understand that an annual affidavit must be submitted verifying that the property is being maintained in full compliance with the ECHO unit regulations and all eligibility requirements continue to be met.	Yes	No

PART D - SIGNATURES AND NOTARIZATION

I, (We) certify that all statements contained in this application and any attachments, documents, or plans submitted here with 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 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.

I, (We) have read and are familiar with the ECHO unit requirements and all applicable sections of the Will County Zoning Ordinance.

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 ECHO UNIT CHECKLIST

Completed ECHO unit application

Building permit application

Copy of recorded deed

Plat of survey (to scale) from a professional land surveyor showing existing structures on a paper size not to exceed 11" x 17". The plan must include the following:

- Scale, north arrow
- Dimensions and acreage of the parcel
- Setbacks from all existing structures to all property lines

Plot plan (use plat of survey as base map)

- Drawn to scale the location of the proposed ECHO housing unit with setbacks marked
- Location of the well and septic, if applicable

Proof of relation (birth certificate, marriage certificate, civil union, adoption papers, caretaker contract)

Proof of disability - letter from licensed physician verifying the disability and permanency of the disability (if applicable)

Proof of age - copy of driver's license, state ID or birth certificate (if applicable)

Affidavit of owner's consent (if applicable)

Disclosure of beneficiaries (if applicable)