

**VILLAGE OF BRIDGEVIEW
 ZONING AND PLANNING COMMISSION/ZONING BOARD OF APPEALS
 7500 SOUTH OKETO AVENUE
 BRIDGEVIEW, IL 60455
 (708) 924-8030**

**APPLICATION FOR ZONING HEARING – (RE)SUBDIVISION
 (MUST BE COMPLETED BY APPLICANT OR ATTORNEY FOR APPLICANT)**

With: _____ Variations _____ Special Use Permit _____ Rezoning

APPLICANT INFORMATION:

Name: _____
 Address: _____
 City/State/Zip Code: _____
 Telephone: _____ Fax: _____

PROPERTY OWNER INFORMATION (If other than Applicant):

Name: _____
 Address: _____
 City/State/Zip Code: _____

PROPERTY IDENTIFICATION:

Common Address: _____
 P.I.N.: _____
 Legal Description: _____

-- Space Below For Office Use Only --

Documents Submitted/Date:	
<input type="checkbox"/> Proof of Ownership _____	
<input type="checkbox"/> Consent of Owner _____	
<input type="checkbox"/> Survey _____	
<input type="checkbox"/> Affidavit of Service _____	
<input type="checkbox"/> Notice _____	
<input type="checkbox"/> Plat of Subdivision _____	
<input type="checkbox"/> Plan _____	
<input type="checkbox"/> Other: _____	
Describe: _____	

Pre-Hearing Processing:	
<input type="checkbox"/> Submitted for Review	Date: _____
<input type="checkbox"/> Approved for Acceptance	Date: _____
<input type="checkbox"/> Publication Ordered _____	Published _____
<input type="checkbox"/> Hearing Date: _____	
<input type="checkbox"/> Circulated: _____	

<input type="checkbox"/> Granted/Date _____
<input type="checkbox"/> Denied
<input type="checkbox"/> Findings Dated: _____
<input type="checkbox"/> Served: _____
<input type="checkbox"/> Circulated: _____
<input type="checkbox"/> Village Board Date: _____
Ordinance No. _____

<input type="checkbox"/> FEE(S) PAID: \$ _____
DATE PAID: _____

EXISTING ZONING DISTRICT: _____

NUMBER OF LOTS TO BE (RE)SUBDIVIDED: _____

Square Footage: _____

NUMBER OF LOTS AFTER (RE)SUBDIVISION: _____

Sq. Ft. Per Lot: _____

PURPOSE OF (RE)SUBDIVISION:

_____ Single Family Home(s)

_____ Townhouse Development

_____ Commercial Bldg.

Number: _____

Number of Buildings: _____

Type: _____

Number of Units: _____

_____ Other. Describe: _____

NAME OF PROPOSED SUBDIVISION: _____

Legal Description of Proposed Subdivision: _____

SUPPORTING DOCUMENTS:

Attach the following supporting documents to the application and check line to indicate each document's submission:

_____ Proof of Ownership (deed or title insurance policy). If the applicant is not the owner, also include owner's written consent to apply on owner's behalf.

_____ Survey

_____ Plat of Parking Spaces (if seeking parking variations)

_____ Plat of Subdivision

_____ Plat or Plan(s) of Proposed Improvements (if applicable)

_____ Other (name/describe): _____

VARIATION(S) REQUESTED? _____ Yes _____ No

For each variation requested, identify the relevant section of the Bridgeview Zoning Ordinance and briefly describe the nature of the variation sought:

1) Section _____: _____

2) Section _____: _____

3) Section _____: _____

4) Section _____: _____

SPECIAL USE PERMIT REQUESTED? _____ Yes _____ No:

Describe: _____

Permitted Special Use? _____ Yes. Ordinance Section Permitting Use: Section _____.

_____ No. Briefly explain basis for use: _____

REZONING REQUESTED: _____ Yes _____ No

From _____ Zoning District to _____ Zoning District.

Reason Requested: _____

This application must be accompanied by all required supporting documents and all applicable fees. Applicant agrees to assume responsibility for all reasonable expenses incurred by the Village in the review of the application. No application shall be deemed officially accepted unless all fees have been paid in full. Applicant acknowledges his/her/its responsibility of compliance with all applicable ordinances and rules.

State of Illinois)
) ss.
County of Cook)

The Applicant hereby certifies that all matters set forth in this application are true and correct.

(Applicant)

Subscribed and Sworn to before
me this _____ day of
_____, _____.

(Notary Seal)

Notary Public