



## APPLICATION FOR SPECIAL USE PERMIT / VARIANCE EXTENSION

Will County Land Use Department • Development Review Division  
58 E. Clinton St., Suite 500 • Joliet, Illinois 60432  
Telephone (815) 740-8140 • Facsimile (815) 774-3386  
Internet Site - <http://www.willcountylanduse.com>

**Special Use Permit / Variance Extension # \_\_\_\_\_ (staff only)**

### PART A – APPLICANT INFORMATION

#### Owner Information

Full Name			
Owner Address	<i>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>
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>
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>Number &amp; Street:</i>		
	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
Current Zoning		Current Land Use	
Water Supply <i>(check one)</i>	Public	Well	Sanitary System <i>(check one)</i>
			Sewer      Septic

**PART C – SPECIAL USE PERMT / VARIANCE INFORMATION**

Approved Special Use / Variance Information	
Zoning case #	
Date zoning case approved:	
Purpose of extension request(s): ..... ..... ..... ..... ..... .....	

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**Office Use Only**

**First extension request**

**Second extension request**

**PART D - SIGNATURE AND NOTARIZATION**

I, certify that all statements contained in this application and any attachments, documents, or plans submitted herewith are true to the best of my knowledge and belief.

I, 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, have read and understand all applicable sections of the Will County Zoning Ordinance.

Owner/Agent/Attorney printed name and signature:

Name (identify owner/agent/attorney)

Signature

\_\_\_\_\_ ' ' ' \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME

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

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