



APPLICATION FOR EXTENSION OF ADMINISTRATIVE ADJUSTMENT

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.willcountyillinois.com/County-Offices/Economic-Development/Land-Use>

Administrative Adjustment Extension # _____ (staff only)

PART A – APPLICANT INFORMATION

| Owner Information | | | |
|---|-----------------------------|---------------|------------------|
| Full Name | | | |
| Owner Address | <i>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>Number & 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 – APPROVED ADMINISTRATIVE ADJUSTMENT INFORMATION

| Approved Administrative Adjustment Information | |
|---|--|
| Administrative adjustment case # | |
| Date administrative adjustment approved: | |
| Purpose of request(s): | |
| | |

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.

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