



APPLICATION FOR 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 # _____ (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 – ADMINISTRATIVE ADJUSTMENT INFORMATION

List of administrative adjustments requested (please consult with staff prior to completing):

Purpose of request(s):

PART D - SIGNATURES AND NOTARIZATION

I, (We) certify that all statements contained in this application and any attachments, documents, 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 understand that application fees shall not be refunded or waived, except as may be determined on a case-by-case basis, by the Will County Board, or as determined by the Will County Land Use Department if fees are erroneously paid or collected.

I, (We) have read and understand 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

PART E - APPLICATION SUBMITTAL CHECKLIST ✓

Completed application

Copy of recorded deed

Plat of survey (to scale) from a professional land surveyor showing existing structures on paper size not exceeding 11" x 17"

Site plan - the plat of survey is a useful base map. The site plan must include the following:

- Scale, north arrow
- Dimensions and acreage of the subject parcel
- Setbacks from all existing and proposed improvements to all property lines
- All site details
- All land use details
- Location of well and septic system

\$200 application fee

Affidavit of Owner's Consent (if applicable)

Disclosures of Beneficiaries (if applicable)

Proof of abutting property owner notification

Affidavit of Abutting Property Owner Notification

Copy of letter sent to each abutting property owner

Signed certified mail return receipts ("green cards") from all abutting property owners.

**ABUTTING PROPERTY OWNER
NOTICE OF ADMINISTRATIVE ADJUSTMENT APPLICATION
COUNTY OF WILL, ILLINOIS**

Date: _____

To: _____

Address: _____

Notice is hereby given that _____ filed the attached administrative adjustment application with the Will County Land Use Department, for the property located at _____ (address) and identified by permanent index number (PIN) _____.

Administrative adjustment application case number _____.

The administrative adjustment(s) requested is/are as follows:

The purpose of the request(s) is/are as follows:

If you wish to file a written objection to the aforementioned request, you must contact the Zoning Administrator, via certified mail, return receipt requested, within fifteen (15) days of receipt of this letter.

If you have any questions regarding the aforementioned request, please see the attached application for applicant contact information. You may also contact the Will County Land Use Department, Development Review Division, at 815-740-8140. Please reference the administrative adjustment case number in any correspondence regarding this matter. Correspondence, including written objections, may be sent to the following contact and address:

Will County Land Use Department, Development Review Division
Attn: Mr. David L. Dubois, AICP, Zoning Administrator
58 E. Clinton St., Suite 500
Joliet, Illinois 60432

Sincerely,

Applicant Name & Title

Cc: Mr. David L. Dubois, AICP, Zoning Administrator

AFFIDAVIT OF ABUTTING PROPERTY OWNER NOTIFICATION

Property owner/agent/attorney name: _____

Address: _____

Telephone number: _____

E-mail: _____

The undersigned, being first duly sworn on oath deposes and states the following, to wit:

1. That I (we) am/are the applicant(s), or authorized representative of the applicant, of administrative adjustment case number _____, now pending before the Will County Land Use Department; and
2. That notification by letter, sent via certified mail return receipt requested, was given to all such abutting property owners, including copies of pages 1-3 of the completed application, and the site plan; and
3. That a copy of said notification letter and certified mail return receipts as evidence of such notification are attached hereto and made part thereof.

Dated this _____ day of _____, 20____.

BY: _____

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, 20____.

Notary Public