



## APPLICATION FOR AN APPEAL OF A PLANNING AND ZONING COMMISSION DECISION

Will County Land Use Department  
 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>

**PZCA # \_\_\_\_\_ (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> | <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 &amp; 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 &amp; Street:</i> |                  |                  |
|                               | <i>City:</i>                | <i>State:</i>    | <i>Zip Code:</i> |
| Current Zoning                |                             | Current Land Use |                  |

|                                    |        |      |                                       |       |        |
|------------------------------------|--------|------|---------------------------------------|-------|--------|
| Water Supply<br><i>(check one)</i> | Public | Well | Sanitary System<br><i>(check one)</i> | Sewer | Septic |
|------------------------------------|--------|------|---------------------------------------|-------|--------|

**PART C – APPEAL INFORMATION**

Identify the exact zoning request or matter presented to and denied by the Will County Planning and Zoning Commission, including the date of the decision:

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Describe the Will County Planning and Zoning Commission decision that you are appealing:

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Describe what you believe to be the correct decision and why:

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**PART D: SIGNATURE AND NOTARIZATION**

I, certify that all statements contained in this appeal 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 appeal.

I, have read and am familiar with all applicable sections of the Will County Zoning Ordinance.

Owner and/or agent/attorney printed name and signature:

Name

Signature

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SUBSCRIBED AND SWORN TO BEFORE ME

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

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