



## 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 &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 <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):

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Purpose of request(s):

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**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 understand that any information and supporting documentation, including but not limited to plats of surveys and site plans, provided with this application will become public record and subject to the Freedom of Information Act, and may be released as part of a document request.

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"

Plot plan - the plat of survey is a useful base map. The plot 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)