



APPLICATION FOR APPEAL OF ADMINISTRATIVE 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.willcountyllinois.com/County-Offices/Economic-Development/Land-Use>

AAD # _____ (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 – APPEAL INFORMATION

Identify the Section (and subsections) of the Zoning Ordinance subject to the appeal:

State exactly what is intended to be done on or with the subject property which conflicts with the administrative order, requirement, decision, or determination:

Describe the administrative order, requirement, decision or determination that you are appealing:

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

NOTICE: You will be notified of the date and time of the Planning and Zoning Commission meeting. You and/or your representative must be present at the meeting and be prepared to present your appeal to the Commission. If you and/or your representative are not present, the Commission may not hear your appeal.

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.

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.

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

Name

Signature

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, 20____.

Notary Public

PART E - APPLICATION SUBMITTAL CHECKLIST

Completed appeal 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 subject parcel
- Setbacks from all existing and proposed improvements to all property lines
- All site details (including dimensions and location of proposed temporary use, parking, and other pertinent information)
- All land use details
- Location of well and septic system

Affidavit of owner's consent (if applicable)

Disclosure of beneficiaries (if applicable)

Violation documentation (if applicable)