**VILLAGE OF BRIDGEVIEW**
**ZONING AND PLANNING COMMISSION/ZONING BOARD OF APPEALS**
**7500 SOUTH OKETO AVENUE**
**BRIDGEVIEW, IL 60455**
**(708) 924-8030**

# APPLICATION FOR ZONING HEARING – SPECIAL USE PERMIT

**(MUST BE COMPLETED BY APPLICANT OR ATTORNEY FOR APPLICANT)**

**With: _____ Variations _____ Rezoning**

**APPLICANT INFORMATION:**

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____ Fax: _____

**PROPERTY OWNER INFORMATION (If other than Applicant):**

Name: _____

Address: _____

City/State/Zip Code: _____

**PROPERTY IDENTIFICATION:**

Common Address: _____

P.I.N.: _____

Legal Description: _____

_____

_____

_____

_____

***– Space Below For Office Use Only –***

**Documents Submitted/Date:**

- ☐ **Proof of Ownership** _____
- ☐ **Consent of Owner** _____
- ☐ **Survey** _____
- ☐ **Affidavit of Service** _____
- ☐ **Notice** _____
- ☐ **Plan** _____
- ☐ **Other:** _____

**Describe:** _____

_____

**Pre-Hearing Processing:**

- ☐ **Submitted for Review**

  **Date:** _____
- ☐ **Approved for Acceptance**

  **Date:** _____
- ☐ **Publication Ordered** _____

  **Published** _____
- ☐ **Hearing Date:** _____
- ☐ **Circulated:** _____

- ☐ **Granted/Date** _____
- ☐ **Denied**
- ☐ **Findings Dated:** _____
  - o **Served:** _____
  - o **Circulated:** _____
- ☐ **Village Board Date:** _____

  **Ordinance No.** _____

  **********
- ☐ **FEE(S) PAID: $** _____

  **DATE PAID:** _____

**EXISTING ZONING DISTRICT:** _____

**Describe Nature of Special Use:** _____

_____

_____

_____

**Permitted Special Use?** ____ **Yes. Ordinance Section Permitting Use: Section** _____.

_____ **No. Briefly explain basis for use:** _____

_____

_____

_____

**SUPPORTING DOCUMENTS:**

Attach the following supporting documents to the application and check line to indicate each document's submission:

_____ Proof of Ownership (deed or title insurance policy). If the applicant is not the owner, also include owner's written consent to apply on owner's behalf.

_____ Survey

_____ Plat of Parking Spaces (if seeking parking variations)

_____ Plat or Plan(s) of Proposed Improvements (if applicable)

_____ Other (name/describe): _____

_____

_____

**VARIATION(S) REQUESTED?** _____ **Yes** _____ **No**

For each variation requested, identify the relevant section of the Bridgeview Zoning Ordinance and briefly describe the nature of the variation sought:

1) Section _____: _____

_____

2) Section _____: _____

_____

3) Section _____: _____

_____

4) Section _____: _____

_____

**REZONING REQUESTED:** _____ **Yes** _____ **No**

From _____ Zoning District to _____ Zoning District.

Reason Requested: _____

_____

_____

This application must be accompanied by all required supporting documents and all applicable fees. Applicant agrees to assume responsibility for all reasonable expenses incurred by the Village in the review of the application. No application shall be deemed officially accepted unless all fees have been paid in full. Applicant acknowledges his/her/its responsibility of compliance with all applicable ordinances and rules.

State of Illinois )
) ss.
County of Cook )

The Applicant hereby certifies that all matters set forth in this application are true and correct.

_____
(Applicant)

Subscribed and Sworn to before
me this _____ day of
_____, _____.

(Notary Seal)

_____
Notary Public