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 – REZONING

(MUST BE COMPLETED BY APPLICANT OR ATTORNEY FOR APPLICANT)

With: _____ Variations _____ Special Use Permit

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** _____
- ☐ **Plat** _____
- ☐ **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: _____ **REQUESTED ZONING DISTRICT:** _____

PURPOSE OF REZONING:

_____ **Single Family Home(s)** _____ **Townhouse Development** _____ **Commercial Bldg.**

Number: _____ **Number of Buildings:** _____ **Type:** _____

Number of Units: _____ _____

_____ **Other. Describe:** _____

_____

_____

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 or Plan(s) of Proposed Improvements

_____ Plat of Parking Spaces (if applicable)

_____ Plat of Subdivision (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 _____: _____

_____

SPECIAL USE PERMIT REQUESTED? _____ Yes _____ No:

Describe: _____

_____

_____

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

_____ No. Briefly explain basis for use: _____

_____

_____

_____

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