

For Village Use Only:

Case Number: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_

# VILLAGE OF METTAWA

## ZONING, PLANNING AND APPEALS COMMISSION APPLICATION

Check and complete all of the following, as applicable; attach a copy of a current survey of the real property which is the subject of the application, any attachments and file with the Village Clerk at least forty-five (45) days prior to the meeting during which this sought to be considered. All attachments to the application should not exceed 11" x 17" size.

A complete electronic file of the application should be filed with the Village Clerk.

**Twelve complete sets of the application will be filed with the Village Clerk prior to publication of the public hearing.**

### I. TYPE OF REQUEST

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- Zoning Map Amendment Change of Zoning District: From \_\_\_\_\_ To \_\_\_\_\_
- Zoning Text Amendment
  - (attach amendatory language sought) Code Section(s) affected: \_\_\_\_\_

#### SPECIAL USE

- Planned Unit Development: Attach a description, and the proposed subdivider's agreement and site plan.
- Other – Describe \_\_\_\_\_  
\_\_\_\_\_

#### SUBDIVISION OR RESUBDIVISION

- Attach three (3) copies** of the proposed preliminary plat or proposed final plat, as the case may be, as well as twelve (12) sets of 11"x17" reductions

#### VARIATION

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Lot Area                     | <input type="checkbox"/> Lot Width                    | <input type="checkbox"/> Lot Dept                               | <input type="checkbox"/> Lot Coverage |
| <input type="checkbox"/> Maximum Height               | <input type="checkbox"/> Ceiling Level Height         | <input type="checkbox"/> Front Yard Setback                     | <input type="checkbox"/> Side Yard    |
| <input type="checkbox"/> Rear Yard                    | <input type="checkbox"/> Off-Street Parking           | <input type="checkbox"/> Off-Street Loading                     | <input type="checkbox"/> Fence        |
| <input type="checkbox"/> Floodplain                   | <input type="checkbox"/> Extend Variance              | <input type="checkbox"/> Structural Alteration of Nonconformity | <input type="checkbox"/> Sign         |
| <input type="checkbox"/> Restoration of Nonconformity | <input type="checkbox"/> Continuance of Nonconformity | <input type="checkbox"/> Expansion of Nonconformity             |                                       |

State the particular requirements of Mettawa Municipal Code which prevent the proposed use or construction:  
\_\_\_\_\_

State the characteristics of the subject property which prevent compliance with requirements of the Municipal Code:  
\_\_\_\_\_

State the minimum requirements which would be necessary to permit the proposed use or construction:  
\_\_\_\_\_

State the practical difficulty or particular hardship which would result if the aforesaid particular requirements of the Mettawa Municipal Code were applied to the subject property and/or to the proposed use or construction thereon:  
\_\_\_\_\_

- APPEAL** : In the notice of appeal from a decision of the Zoning Administrator, state briefly the requirements of the Zoning Code that are in contention:  
\_\_\_\_\_

## II. THE REAL PROPERTY WHICH IS THE SUBJECT OF THIS REQUEST

Address or Commonly Known Location of the real property: \_\_\_\_\_

Applicant must provide list of, and send notice of hearing to, all property owners within a thousand (1,000) feet of the real property (2,000 feet for text amendments) and forward proof of mailing to the Village Clerk prior to the public hearing.

Permanent Real Estate Tax Index Number (PIN): \_\_\_\_\_ Presently Located in Zoning District

- R-1 Single Family Residence District                       O/R Planned Office/Research District  
 R-2 Single Family Residence District                       H Office/Hotel District  
 O/S Open Space District

- **Attach a copy of Title Insurance Policy or Current Commitment, and Complete Affidavit of Title Below**

## III. APPLICATION FEES

- Zoning Amendment                      \$ 250.00                       Special Use Permit                      \$ 250.00  
 Subdivision or Resubdivision                      No Fee                       Variation                      \$ 250.00  
 Appeal of Administrator’s Decision                      \$ 250.00

- **In addition to the application fees, applicants are required to pay for all professional fees incurred by the Village for attorneys, engineers, land planners, etc., and costs related to public hearings.**

## IV. APPLICANT AND OWNERSHIP INFORMATION

Name and address of titleholder(s) of record of the real property for which planning consideration is sought:

\_\_\_\_\_

- **If Owner of real property is a land trustee, attach a current certified copy of the Land Trust Agreement.**

Applicant is:

- The Owner (titleholder of record of the real property)                       Contractor-Purchaser of the Real Property

Is the Applicant in the business of general contractor or land development?    Yes     No

If the answer to last question is “Yes”, does a proposed Subdivider’s Agreement or Development Agreement executed by the Owner or Contract Purchaser accompany this application in quadruplicate?    Yes     No

Are there any leasehold interested on the property?    Yes     No     If “Yes” attach a copy of each current lease.

	Applicant’s Address	Applicant’s Architect	Applicant’s Attorney
Name:			
Address:			
Telephone:			
Email Address:			

**V. SIGNATURES**

Under penalty of law, the undersigned hereby represents, for the purpose of inducing the Village of Mettawa to take the action herein requested, that all statements and information contained herein and on all related attachments hereto are true and correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Applicant

Consented To:

Record Owner of Land involved with this Application

Co-Owner, if joint ownership

\_\_\_\_\_

\_\_\_\_\_

**VI. DISCLOSURES**

If the Owner and/or Applicant is a corporation or a partnership, complete the following:

Corporate – Partnership Ownership

Please list below the names and address of all officers and directors of the corporation and all shareholders who own individually or beneficially 5% or more of the outstanding stock of the corporation. In addition, this application must be accompanied by a resolution of the corporation authorizing the execution and submittal of this application. In the case of a partnership, list below the names and addresses of all partners who own individually or beneficially 5% or more of the partnership. (Attach additional pages, if necessary)

Name: _____	Name: _____
Address: _____	Address: _____
Telephone Number: _____	Telephone Number: _____
Title: _____	Title: _____
Ownership Percentage: _____	Ownership Percentage: _____
Name: _____	Name: _____
Address: _____	Address: _____
Telephone Number: _____	Telephone Number: _____
Title: _____	Title: _____
Ownership Percentage: _____	Ownership Percentage: _____

**AFFIDAVIT OF TITLE**

STATE OF ILLINOIS        )  
                                      ) SS.  
COUNTY OF LAKE        )

The undersigned affiant, being first duly sworn, on oath states:

That, affiant has an interest in the real estate (herein **“Real Property”**) legally described as shown in the title insurance policy or current commitment for title insurance, a true and exact copy of which is attached hereto and made a part hereof (herein **“Title Insurance Policy”**);

That, since the date of the Title Insurance Policy, the title to the said Real Property remains vested in the person or persons shown on the Title Insurance Policy and, furthermore, no person has done or suffered to be done anything that could in any way affect the title to the Real Property since the date of the Title Insurance Policy;

That, if an updated report on title to the Real Property where procured on the date hereof, no additional objection would be raised with respect to any matter, including but not limited to any covenant, easement, mortgage lien, or other matter not shown or referenced in the Title Insurance Policy;

Affiant further states: Naught.

\_\_\_\_\_ Affiant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

Notary Stamp:

**Note:** At least 45 days prior to the Commission meeting during the which the subject matter of this application will be considered, this completed form with all of required attachments and the applicable filing fee must be filed in person at the of Village Engineer’s office.

**Village Engineer**  
James Anderson Company  
920 W. North Shore Drive  
Lake Bluff, IL 60044  
Office Number: (847)295-3322