

Village of Broadview

2350 SOUTH 25TH AVENUE * BROADVIEW, ILLINOIS 60155-3827

Telephone: (708) 345-8174 or (708) 681-3600

FAX: (708) 681-2018

PLANNING, ZONING AND SITE-PLAN APPLICATION

(PRINT OR TYPE ALL ENTRY INFORMATION)

Submit to the Village of Broadview Building Department the original copy of this completed application(s) form, along with ten (10) copies of a currently dated * ALTA Plat of Survey, signed & sealed by a Registered Professional Illinois Land Surveyor; ten (10) copies of the Site Plan, sign & sealed by a Registered Illinois Architect or PE. * The Plat of Survey date within 60 days of date of application. Refer to Title 10, Chapter 7 and 8 for Administration/Enforcement and Site Plan Village Code requirements.

ALL FEES MUST BE PAID AT TIME OF APPLICATION.

1. General Information

Project Name: _____

Submittal Date _____

Applicant(s) Name _____

Property Owner(s) Name _____

Address: _____

Address: _____

Telephone: () _____

Telephone: () _____

FAX: () _____

FAX: () _____

2. ACTION REQUESTED – (Check all that apply):

Zoning Text Amendment (\$300.00)

Site Plan Review (\$300.00)

Zoning Map Amendment (\$300.00)

Special Use Permit (\$400.00)

Appeal (\$200.00)

Variation (\$200.00 Residential, \$300.00 Commercial)

Other. Explain: _____

[REFER TO VILLAGE CODE: TITLE 10 CHAPTER 7 & 8 FOR ADDITIONAL REQUIREMENTS OF ABOVE ACTION REQUESTS]

3. NATURE OF REQUEST – (Briefly describe what the actual request is):

4. BASIS OF REQUEST – (Briefly describe why the request is being made):

5. PROPERTY INFORMATION – (Attach additional sheet if necessary):

Common Address or Location of the Property: _____

Legal Description of the Property taken from Plat of Survey, Deed, Title Policy or Real Estate Transaction): _____

6. Property Information (continued):

Property (Parcel) Identification (PIN # taken from Tax Bill, County Assessor Map, Real Estate Transaction):

Parcel Size (Length & Width): _____ (Square Feet / Acreage): _____
Describe any existing structures on the site. Include length & width and area of each: _____

*Comprehensive Plan Designation (Future Land Use Plan): _____

Zoning: Existing: _____ Land Use: Existing: _____
Proposed: _____ Proposed: _____

7. Applicants Experts (As Appropriate) –

Attorney:

Name: _____
Address: _____

Telephone: () _____
FAX: () _____
e-mail: _____

Engineer:

Name: _____
Address: _____

Telephone: () _____
FAX: () _____
e-mail: _____

Landscape Architect:

Name: _____
Address: _____

Telephone: () _____
FAX: () _____
e-mail: _____

Architect:

Name: _____
Address: _____

Telephone: () _____
FAX: () _____
e-mail: _____

Land Surveyor:

Name: _____
Address: _____

Telephone: () _____
FAX: () _____
e-mail: _____

Land Planner:

Name: _____
Address: _____

Telephone: () _____
FAX: () _____
e-mail: _____

*I hereby agree to pay all associated fees, i.e. legal, publishing, etc. in addition to the application fee due upon this submission of the application request. All of the above information in this application is true and accurate to the best of my knowledge and belief. **ALL FEES PAID ARE NON-REFUNDABLE.***

SIGNATURE OF APPLICANT or AGENT		DATE
*TO BE FILLED OUT BY THE ZONING OFFICE		
APPLICATION FEE: \$ _____	FOR THIS _____	REQUEST
DATE RECEIVED: _____	AMOUNT RECEIVED: \$ _____	
CASH: _____ OR CHECK NO. _____	RECEIVED BY: _____	