



CITY OF NORTHLAKE

55 E. NORTH AVENUE • NORTHLAKE, IL 60104 • (708) 343-8700

APPLICATION FOR PUBLIC HEARING BEFORE THE NORTHLAKE ZONING BOARD OF APPEALS PLAN COMMISSION

SPECIAL USE _____ AMENDMENT _____

VARIATIONS _____ APPEAL _____ FEE _____ DATE FEE PAID: _____

(City Clerk will check 1 only)

NAME OF APPLICANT: _____
last name first name initial

ADDRESS OF APPLICANT: _____
street number street name city, state, zip

TELEPHONE NUMBER OF APPLICANT: _____
home business

COMMON ADDRESS OF PROPERTY FOR HEARING REQUEST: _____

INDEX NUMBER: _____

LEGAL DESCRIPTION OF PROPERTY AS CONTAINED ON DEED OR TITLE POLICY.

DESCRIPTION OF THE REQUEST: _____

EVIDENCE TO SUPPORT HEARING REQUEST.

1. INDIVIDUAL REQUESTING HEARING MUST APPEAR AT HEARING IN PERSON.
2. PROOF OF OWNERSHIP OR CONTRACTS THAT PERTAIN TO HEARING.
3. DRAWINGS, RENDERINGS, BLUEPRINTS, PLAT OF SURVEY, ETC., MUST CONTAIN ALL DIMENSIONS AND PERTINENT INFORMATION.
4. DRAWINGS, RENDERINGS, BLUEPRINTS, LETTERS, PETITIONS, ETC., THAT SHOW EXACTLY WHAT REQUEST IS FOR.
5. HAVE SUPPORTERS OF YOUR REQUEST PRESENT.
6. PHOTOGRAPHS, IF APPLICABLE.
7. IF REQUEST IS MADE BECAUSE OF ALLEGED HARDSHIP OR PRACTICAL DIFFICULTIES, A WRITTEN EXPLANATION OF SAME.
8. NAME SPECIFIC SUBSECTIONS OF ZONING CODE THAT ARE APPLICABLE.
9. ATTORNEY, IF YOU THINK IT IS NECESSARY.

ALL THIS MUST BE MADE AVAILABLE 10 DAYS PRIOR TO THE DATE OF PUBLICATION OF THE NOTICE FOR PUBLIC HEARING.

I ATTEST THAT THE ABOVE INFORMATION AND ATTACHMENTS ARE CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT: _____ DATE: _____

FOR OFFICE USE ONLY

Received by City Clerk _____ Date: _____

Reviewed by Dir. of Health & Inspectional Services _____ Date: _____

The Director of Health and Inspectional Services will supply the Zoning Commissioners with a copy of the Code Sections that are applicable to this hearing.