

FOR OFFICE USE ONLY:  
FEE PAID \_\_\_\_\_  
RECEIPT # \_\_\_\_\_  
DATE \_\_\_\_\_  
RECV'D BY \_\_\_\_\_  
CASE # \_\_\_\_\_  
MEETING DATE \_\_\_\_\_

**PLAN/ZONING BOARD OF APPEALS  
APPLICATION**

- |   |  |
|---|--|
| <input type="checkbox"/> Special Use (\$400)    | <input type="checkbox"/> Map Amendment (Refer to Ord. 0-03-18)     |
| <input type="checkbox"/> Variation (\$150)      | <input type="checkbox"/> Subdivision/PUD (Refer to Ord. 0-03-18)   |
| <input type="checkbox"/> Text Amendment (\$300) | <input type="checkbox"/> Lot Consolidation (Refer to Ord. 0-03-18) |

**APPLICANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE:** Home: \_\_\_\_\_ Work: \_\_\_\_\_

**ADDRESS OF SUBJECT PROPERTY:** \_\_\_\_\_  
\_\_\_\_\_

**PROPERTY IS LOCATED IN THE \_\_\_\_\_ ZONING DISTRICT.**

**APPLICABLE SECTION OF ORDINANCE:** \_\_\_\_\_.

**DESCRIPTION OF REQUEST:** \_\_\_\_\_  
\_\_\_\_\_

Are there any covenants, conditions, restrictions or floodplain issues concerning type of improvements, setbacks, area or height requirements, occupancy or use limitations, etc. placed on the property and now of record: YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please describe:

Has the property been the subject of previous or pending administrative legislative or court action:  
YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

The following items **MUST** be submitted at time of filing:

1. Application (**12 copies**)
2. Plat of Survey (**12 copies**) - must be drawn to scale and indicate the location of the proposed addition or construction and must contain the legal description of the property, along with additional information to support the application (**12 copies**). (Note\*- please include one copy for file no larger than 11"x 17").
3. Proof of Ownership (1 copy)
4. Letter indicating Hardship (**for variations only -12 copies**)
5. Notice to Property Owners (**1 copy**)
6. List of Property Owners (**1 copy**) *obtained from the Wheeling Township Office, 1616 N. Arlington Heights. Rd., Arlington Heights., IL 60004 - Tel: 847/259-1515 of all properties lying within 350 ft. of property line/subject's property once approved confirmation letter from the City of Prospect Heights is received.*
7. Application Fee (cash or check made payable to: City of Prospect Heights)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant