

FOR OFFICE USE ONLY:
 FEE PAID _____
 RECIEIPT # _____
 DATE _____
 RECV'D BY _____
 CASE # _____
 MEETING DATE _____

**PLAN/ZONING BOARD OF APPEALS
 APPLICATION**

Special use (\$400)
 Variation (\$150)
 Text Amendment (\$300)

Map Amendment (Refer to Ord. 0-03-18)
 Subdivision/PUD (Refer to Ord. 0-03-18)
 Lot Consolidation (Refer to Ord. 0-03-18)
 Appearance Review

APPLICANT: _____
 ADDRESS: _____

PHONE: _____

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, pelase describe: _____

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

The follow items MUST be sumitted at time of filling:

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 longer than 11x17.
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 350ft. 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