

TXT



VILLAGE OF WINNETKA, ILLINOIS

DEPARTMENT OF COMMUNITY DEVELOPMENT

ZONING ORDINANCE TEXT AMENDMENT

Applicant Information

Legal Name: _____

Primary Contact: _____

Address: _____

Phone No. _____ Email: _____

Consultant (or Legal Counsel) Information

Name: _____

Primary Contact: _____

Address: _____

City, State, ZIP: _____

Phone No. _____

Email: _____

Address of Subject Property for which the Text Amendment is necessary: _____

Parcel Identification Number (PIN) for Subject Property: _____

Zoning District of Subject Property: _____

Please provide the following information:

1. Attach a narrative that includes:
 - a. Proposed language for the Zoning Ordinance text amendment;
 - b. Explains the need for the Zoning Ordinance text amendment and why the amendment would be appropriate for the zoning district for which it would apply.
2. Proof of ownership (e.g. deed, title policy, certified copy of trust agreement, etc.) or legal interest in Subject Property (e.g. lease, letter of intent, etc.); and
3. Application Fee: \$800.00

Applicant Signature: _____

Date: _____

Printed Name: _____