## **VILLAGE OF ANTIOCH, LAKE COUNTY**

Department of Planning, Zoning & Building Mailing Address: 874 Main Street Office Location: 882 - B Main Street Antioch, Illinois 60002 Weekday Hours: 7:30 AM To 4:00 PM Phone: (847) 395-9462 Fax: (847) 395-9482

FILE NO. PZB

HEARING DATE\_\_\_\_\_

## REQUEST FOR ZONING VARIATION BEFORE THE COMBINED PLANNING COMMISSION AND ZONING BOARD VILLAGE OF ANTIOCH, ILLINOIS

(Submit original plus 20 copies)

## <u>PETITION</u>

TO: The Chairperson and Members of the Combined Planning Commission and Zoning Board of Appeals, Antioch, Illinois.

Petitioners (Names):

certify that they are the owner(s) of the following described real estate:

(Attach the Legal Description as shown on Warranty Deed or recent Certified Plat of Survey)

PERMANENT INDEX NUMBER (S), (PIN): 02-\_\_\_\_-. (From latest real estate tax bill)

That said premises are now classified under the Zoning Ordinance as\_\_\_

and that under said classification the petitioner(s) is/are prohibited from building/operating the

following use(s):

Said building/uses are depicted on the attached drawings prepared by \_\_\_\_\_

\_\_\_\_\_, dated \_\_\_\_\_, and made a part of this

petition.

A VARIATION(s) is hereby requested to the following Sections of the Zoning Ordinance:

in order to permit the \_\_\_\_\_

(Current Zoning)

on the property described herein. Specifically, the details of the requested variation(s) is as follows:

Title 10	Requirement	Requested Variation

## **REASONS FOR REQUESTED VARIATION**

1.	What characteristics of the property-in-question prevent its being used for any of the uses permitted in your zoning district?					
	Narrow lot width	Slope or Elevation				
	Small lot area	Lot Shape				
	Shallow lot depth	Wet Soil or Flood Plain				

Other (specify)

2. Describe the condition(s) identified in item #1, above, giving dimensions where appropriate.

3. Specifically, how do the above site conditions prevent any reasonable use of your land under the terms of the Zoning Ordinance?

4. To the best of your knowledge, can you affirm that the hardship or practical difficulty described above was <u>not</u> created by an action of anyone having property interests in the land after the Zoning Ordinance, or applicable part thereof, became law?

Yes \_\_\_\_\_ No \_\_\_\_\_ If "no" explain why the hardship should not be regarded as self-

imposed: \_\_\_\_\_

5. Are the conditions on your property the result of other man-made changes, (such as the relocation of a road)?

Yes	No	If "yes"	please describe:	

6. Are the conditions of hardship or practical difficulty for which you request a variation true only of your property?

Yes \_\_\_\_\_ No \_\_\_\_\_ If "no" how many other properties are similarly affected, and where are they located?

7. Elaborate on how the requested variation will result in a physical improvement that will be in harmony with the neighborhood and the purpose and intent of the Zoning Ordinance.

I (we) have read the NOTICE TO APPLICANTS REQUESTING ZONING VARIATIONS and Title 10 of the Antioch Zoning Ordinance. Specifically, I (we) understand that if a variation is approved through an Ordinance by the Village Board, that the use allowed by the variation must be established within 24 months from the date of the Ordinance.

I (we) acknowledge that any and all drawings, submitted herewith, of buildings and structures are preliminary or conceptual in nature; Final details regarding the construction of such structures shall be in full compliance with the technical codes adopted within the Antioch Village Code, and in force and effect at the time of the specific and complete permit application, (unless specifically authorized in writing under the terms of the approved variation).

I (we) consent to the entry in or upon the premises described in this application by any authorized official of the Village of Antioch, Illinois, during normal working hours, for the purposes of : viewing that part of the site and/or structures related to this request; and for the posting, maintaining, and removing such notices as may be required by law.

Attorney for the Petitioner:		
 Day phone:( ) Fax: ( )		
	Applicant Signature	Date
	Attorney Signature	Date