VILLAGE OF BROADVIEW

2350 SOUTH 25TH AVENUE • BROADVIEW, ILLINOIS 60155-3827 Telephone: (708) 345-8174 or (708) 681-3600 FAX: (708) 681-2018

PLANNING, ZONING AND SITE-PLAN APPLICATION

(PRINT OR TYPE ALL ENTRY INFORMATION)

Submit to the Village of Broadview Building Department the original copy of this completed application(s) form, along with ten (10) copies of a currently dated *ALTA Plat of Survey, signed & sealed by a Registered Professional Illinois Land Surveyor: ten (10) copies of the Site Plan, signed & sealed by a Registered Illinois Architect or PE. * The Plat of Survey date within 60 days of date of application. Refer to Title 10, Chapter 7 and 8 for Administration/Enforcement and Site Plan Village Code requirements.

ALL FEES MUST BE PAID AT TIME OF APPLICATION

1. General Information	
Project Name:	Submittal Date:
Applicant(s) Name:	Property Owner(s) Name:
Address:	Address:
Telephone:	Telephone:
Fax:	Fax:
2. ACTION REQUESTED - (Check all that appl	ılv):
Zoning Text Amendment (\$300.00)	Site Plan Review (\$300.00)
Zoning Map Amendment (\$300.00)	Special Use Permit (\$400.00)
,	Variation (\$200 Residential, \$300 Commercial)
Appeal (\$200.00)	vanation (\$200 nestuential, \$300 Commercial)
Other, Explain REFER TO VILLAGE CODE: TITLE 10 CHAPTER 7 & 8 FOR ADDITION	
4. BASIS OF REQUEST - (Briefly describe w	rhy the request is being made):
5. PROPERTY INFORMATION - (Attach addit Common Address or Location of the Property:	tional sheet if necessary):
Legal Description of the Property taken from Plat of Su	rvey, Deed, Title Policy or Real Estate Transaction):

Page 2, Planning, Zoning and Site Plan Application, (PRINT OR TYPE ALL ENTRY INFORMATION)

6. PROPERTY INFORMATION (CONTINUED): Property (Parcel) Identification (PIN # taken from Tax Bill, County Assessor Map, Real Estate Transaction): Parcel Size (Length & Width): (Square Feet / Acreage): Describe any existing structures on the site. Include length & width and area of each: *Comprehensive Plan Designation (Future Land Use Plan): Zoning: Existing: Land Use: Existing: Proposed: Proposed: 7. APPLICANTS EXPERTS (As Appropriate) **Architect:** Attorney: Name: Name: Address: Address: Phone: Phone: Fax: Fax: e-mail: e-mail: **Engineer:** Land Surveyor: Name: Name: Address: Address: Phone: Phone: Fax: Fax: e-mail: e-mail: **Landscape Architect: Land Planner:** Name: Name: Address: Address: Phone: Phone: Fax: Fax: e-mail: e-mail: I hereby agree to pay all associated fees, i.e. legal, publishing, etc. in addition to the application fee due upon this submission of the application request. All of the above information in this application is true and accurate to the best of my knowledge and belief. ALL FEES PAID ARE NON-REFUNDABLE. SIGNATURE OF APPLICANT or AGENT DATE ***TO BE FILLED OUT BY THE ZONING OFFICE:** APPLICATION FEE: \$ FOR THIS REQUEST DATE RECEIVED: **AMOUNT RECEIVED: \$** OR CHECK NO. CASH: **RECEIVED BY:**

(ZBA/PCFORMREV2008)