

VILLAGE OF WESTERN SPRINGS

Community Development Department

740 Hillgrove Ave. Western Springs, IL 60558-0528

Ph. 708.246.1800, Ext. 180 Fax 708.246.4871

REQUEST FOR ZONING INTERPRETATION

To assist you with your request for a zoning interpretation, we ask that you complete this form and return it with additional information that will help expedite our response.

Request made by _____

(Please Type or Print)

Owner

Attorney

Broker

Other _____ (Please Define)

Address: _____
(City) (State) (Zip)

E-Mail: _____ Phone: _____

Owner of Property Located at: _____

Permanent Real Estate Index No.: _____

Current Use: _____ Current Zoning Class: _____

PLAT OF SURVEY must be submitted if interpretation relates to a specific property. The plat must show any existing building on the property. If changes to the property are being considered please indicate them on the plat (e.g. teardown, new construction, subdivision, etc.).

The applicant must list below substantial data and information supporting the following standards.

1. **Provision(s) of the Zoning Code** for which an interpretation is sought: (indicate article, section, etc. where applicable.)

2. **State facts and reasons** describing the specific circumstances prompting your request for an interpretation:

Name of Applicant (please print)

Signature

Date: _____

Please return this form (and attachments) to the Community Development Department or by e-mail to mccott@wsprings.com.