

APPLICATION FOR ZONING ACTIONS

**MAP AMENDMENTS,
SPECIAL USES AND VARIATIONS**

_____ **FILE NUMBER**

_____ **PARCEL NUMBER**

10-digits only (no dashes or spaces)

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ 10-digits only (no dashes or spaces)

Attorney: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ 10-digits only (no dashes or spaces)

Owner of Property: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ 10-digits only (no dashes or spaces)

Address and Legal description of property: (May be attached)

MAP AMENDMENTS OR SPECIAL USES

Existing Zoning District: _____

Existing Use: _____

Proposed Map Amendment:

OR

Proposed Special Use:

VARIATIONS-Continued

Zoning District: _____

Existing Use: _____

Requested Use:

OR

Required Setback: _____

Requested Setback: _____

OR

Existing Requirements (Please Specify):

Requested Requirements (Please Specify):

The undersigned grants the DeKalb County Community Development Director or his/her designee and the Hearing Officer permission to enter upon the property described on this application for the purpose of inspection.

Owner or Authorized Agent

Date

Received By

DISCLOSURE OF INTEREST

Pursuant to the requirements of State Statutes (55 ILCS 5/5-12009), please provide the names and addresses of all owners of the property for which the zoning action is requested. If ownership is by a corporation, provide the names and addresses of all officers and directors, and all stockholders owning any interest in excess of 20% of all outstanding stock of such corporation. If the petitioner for zoning action is a business or entity doing business under an assumed name, or if a partnership, joint venture, syndicate or an unincorporated voluntary association, provide the names and addresses of all true and actual owners of the business or entity, the partners, joint ventures, syndicate members or members of the unincorporated voluntary association.