



APPLICATION FOR EXTENSION OF ADMINISTRATIVE ADJUSTMENT

Will County Land Use Department • Development Review Division
 58 E. Clinton St., Suite 100 • Joliet, Illinois 60432
 Telephone (815) 740-8140 • Facsimile (815) 774-3386

Internet Site - <http://www.willcountyillinois.com/County-Offices/Economic-Development/Land-Use>

Administrative Adjustment Extension # _____ (staff only)

PART A – APPLICANT INFORMATION

Owner Information			
Full Name			
Owner Address	<i>Number & Street:</i>		
	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
Contact Information	<i>Phone:</i>	<i>Email:</i>	
Agent Information (if different from above)			
Full Name	<i>Last:</i>	<i>First:</i>	
Agent Address	<i>Number & Street:</i>		
	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
Contact Information	<i>Phone:</i>	<i>Email:</i>	
Agency/Firm Name			
Attorney Information			
Full Name	<i>Last:</i>	<i>First:</i>	
Attorney Address	<i>Number & Street:</i>		
	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
Contact Information	<i>Phone:</i>	<i>Email:</i>	
Agency/Firm Name			

PART B – EXISTING PROPERTY INFORMATION

Existing Property Information				
PIN(s)				
Parcel Size				
Township		Section		
Property Address	<i>Number & Street:</i>			
	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>	
Current Zoning			Current Land Use	
Water Supply <i>(check one)</i>	Public	Well	Sanitary System <i>(check one)</i>	Sewer Septic

PART C – APPROVED ADMINISTRATIVE ADJUSTMENT INFORMATION

Approved Administrative Adjustment Information	
Administrative adjustment case #	
Date administrative adjustment approved:	
Purpose of request(s):	

PART D - SIGNATURES AND NOTARIZATION

I, (We) consent that all above statements and the statements contained in any papers or plans submitted herewith are true to the best of my (our) knowledge and belief.

I, (We) consent to the entry in or upon the premises described in this application by any authorized official of the County of Will for the purposes of completing any reviews deemed necessary by the submittal of this application.

I understand that any information and supporting documentation, including but not limited to plats of surveys and site plans, provided with this application will become public record and subject to the Freedom of Information Act, and may be released as part of a document request.

I, (We) have read and are familiar with all applicable sections of the Will County Zoning Ordinance.

Owner and/or agent/attorney printed names, and signatures:

	<u>Name (identify owner/agent/attorney)</u>	<u>Signature</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, 20_____.

Notary Public