



APPLICATION FOR EXTENSION OF SPECIAL USE PERMIT / VARIANCE

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>

SUP / VAR EXT # _____ (staff only)

PART A – APPLICANT INFORMATION

Owner Information			
Full Name			
Owner Address	<i>House 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>House 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 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, (We) have read and are familiar with all applicable sections of the Will County Zoning Ordinance.

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.

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