

CASE NO. _____

DATE FILED: _____

CITY PLAN COMMISSION
JOLIET, ILLINOIS

PETITION FOR RECLASSIFICATION

PETITIONER'S NAME: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____

CELL #: _____ E-MAIL: _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP: _____

BUSINESS PHONE: _____

LEGAL DESCRIPTION OF PROPERTY: _____

COMMON ADDRESS: _____

PERMANENT INDEX NUMBER (Tax No. PIN): _____

LOT SIZE: WIDTH _____ DEPTH _____ AREA _____

PRESENT USE: _____ ZONING: _____

USES OF SURROUNDING PROPERTIES: NORTH _____

SOUTH _____

EAST: _____

WEST _____

ZONING CLASSIFICATION REQUESTED: _____

REASON FOR REQUEST: _____

PROPERTY INTEREST OF PETITIONER: _____

OWNER OF PROPERTY: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____

CELL: _____ **E-MAIL:** _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP: _____

BUSINESS PHONE: _____

Attach a listing of all adjacent or opposite land owners within 300 feet.

The ownership of all property held in a trust must be submitted on a Certificate of Ownership.

STATE OF ILLINOIS) ss
COUNTY OF WILL)

I, _____, depose and say that the above statements are true and correct to the best of my knowledge and belief. I agree to be present in person or by representation when this petition is heard before the Plan Commission.

Petitioner's Signature

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public