

Village of New Lenox
 Community Development
 1 Veterans Parkway
 New Lenox, IL 60451
 815.462.6490
 815.462.6469(fax)
www.newlenox.net

the
Village of New Lenox
"Home Of Proud Americans"



**COMMUNITY DEVELOPMENT
 SPECIAL LOCATION PLAN APPLICATION**

ADDRESS/DEVELOPMENT NAME:

PETITIONER INFORMATION:

PRIMARY CONTACT	MAILING ADDRESS	CITY, STATE, ZIP
PHONE #	E-MAIL ADDRESS	OTHER (CELL # / FAX #)

SITE INFORMATION:

SITE ADDRESS OR LOCATION	ACRES	PROPERTY ID # (PIN)
EXISTING LAND USE	CURRENT ZONING	
BRIEF DESCRIPTION OF SPECIAL LOCATION PLAN (REQUESTED ACTION)*		

*Attach additional sheets if necessary

OTHER APPLICANT AND INTERESTED PARTIES:

	NAME	COMPANY	MAILING ADDRESS	PHONE # / E-MAIL
PETITIONER				
OWNER				
DEVELOPER(S)				
LAND PLANNER				
ENGINEER				
AGENT/ATTORNEY				

SURROUNDING ZONING AND LAND USE:

	ZONING	JURISDICTION (VILLAGE OR COUNTY)	LAND USE
NORTH			
SOUTH			
EAST			
WEST			

SPECIAL NOTE TO PETITIONERS:

- A. Upon approval of a special location plan, a copy of such plan shall be registered and recorded among the records of the Village.

CHECKLIST OF REQUIRED SPECIAL LOCATION PLAN APPLICATION ITEMS:

- One (1) original completed "Special Location Plan Application" form and 30 copies.
- Twenty-five (25) full-sized (folded to 9" x 12") and three (3) reduced 11" x 17" copies of a site plan of the subject property or properties included in the special location plan, which details all existing uses and structures, required parking for all existing uses, hours of operation for all existing uses and the location of all existing off-street parking spaces to be shared.
- One (1) original signed letter from all property owners and business owners agreeing to a special location plan.

I, _____, the Petitioner, hereby appeal to the Corporate Authorities of the Village of New Lenox, Will County, Illinois, for a special location plan in accordance with the information provided in this application. I certify that the information and statements contained in this application and the documents submitted herewith are true and factual to the best of my knowledge.

I understand that all correspondence from Village staff, including Village consultants, will be directed to the Primary Contact. It will be the Primary Contact's responsibility to inform all other interested parties of any correspondence and the status of the application.

BY: _____
PETITIONER

Signed and sworn to before me on this _____ day of _____, 20_____.

NOTARY PUBLIC

(SEAL)