

**PETITION FOR TEXT AMENDMENT**

VILLAGE OF ITASCA PLAN COMMISSION  
Community Development Department  
111 Line Street  
Itasca, IL 60143  
(630) 773-5568  
Fax: (630) 773-0852

FOR OFFICE USE ONLY	
Plan Commission	_____
Public Hearing	_____
Remarks	_____
	Fee _____

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**ALL ITEMS MUST BE COMPLETE TO PROCESS APPLICATION**

Address(es) of Property _____	
Owners of Property _____	
Petitioners (if other than owners) _____	
Proposed Use _____	
Existing Use _____	Existing Zoning _____
All P.I.N. #'s _____	Number of Acres _____ Lot Size _____
____ Attach Legal Description of Property (from Title Policy or Plat of Survey)	
Provide the following information:	
1) Please provide a brief description of the Zoning Ordinance Amendment.	
2) State the exact wording of the Zoning Ordinance at present, including Section number, and the exact wording of the proposed text amendment.	
3) Generally state the reasons for requesting a text amendment to the Zoning Ordinance.	

- 4) State the effect of the requested change in the Zoning Ordinance to your property and the Zoning District as a whole.
- 5) Discuss any trends of development that may warrant amendment of the Zoning Ordinance.

THE LEGAL TITLEHOLDER MUST SIGN THIS PETITION. Where the property is held in trust, the trust officer must sign the petition and include a letter naming all beneficiaries of the trust and authorizing the beneficiaries to act on the matters related to this petition request. The undersigned acknowledges and agrees that this application and all documentation submitted becomes public record and may be viewed by the public.

Owner's Name(s) \_\_\_\_\_  
 Address(es) \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Fax \_\_\_\_\_

Petititioner(s) \_\_\_\_\_  
 Address(es) \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Fax \_\_\_\_\_

Agent or Attorney Information	Site Planner or Engineer
Name _____	Name _____
Firm _____	Firm _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____

- \_\_\_\_\_ Attach List of All Property Owners Within 250 Feet of the Described Property (Names and Addresses).  
 \_\_\_\_\_ Attach Current Plat of Survey (Locating Lot Lines and All Existing Structures).

I/WE \_\_\_\_\_ DO HEREBY CERTIFY OR AFFIRM THAT I/WE ARE THE OWNER(S) OF RECORD OF THE AFORESAID DESCRIBED PROPERTY AND HEREBY MADE APPLICATION AS SUCH

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUBSCRIBED AND SWORN TO**

BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**



# Village of Itasca

## Community Development Department

111 LINE ST. ITASCA, IL 60143  
PHONE: 630/773-5568 FAX: 630/773-0852  
e-mail: naranas@itasca.com  
www.itasca.com

### Consultant Services

Pursuant to Section 4.05(5) of the Village of Itasca Zoning Ordinance, the Village of Itasca may use the services of professional consultants for research, investigation and professional opinion in the processing of any application.

#### Section 4.04(5) of Itasca Zoning Ordinance

*CONSULTANTS: The Plan Commission/Zoning Board of Appeals and the Village Board may utilize the services of professional consultants for research, investigation and professional opinion, for assistance in arriving at recommendation or decisions. The applicant whose request to the Plan Commission/Zoning Board requires the use of such professional services, shall reimburse to the Village the reasonable cost it incurred the services rendered by its consultants, within ten (10) days after the submission of the bill by the Village. The consultants shall include, but not be limited to, the persons who provide the Village with advice in the field of engineering, law, planning, traffic design, finance and court reporters.*

**I/We the applicant(s) understand that when the services of a consultant are utilized in accordance with the above section for research, investigation, professional opinion or other assistance, I/we shall pay all costs incurred within ten (10) days of submission of a bill by the Village of Itasca.**

\_\_\_\_\_  
Agent or Attorney

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant