



Community Development Department
2 Community Blvd
Wheeling, Illinois 60090
(847) 459-2620 - Fax (847) 459-2656

Zoning Code Text Amendment Application

Fee

A fee of \$359.00 is required (check payable to the Village of Wheeling) when a petition is submitted. The fee includes a non-refundable \$179.50 application fee and a \$179.50 deposit for expenses (newspaper notice publication, recording secretary fees, etc.). The unused portion of the cost will be returned to the petitioner. In the event that the cost of newspaper publication exceeds \$179.50, the petitioner will be sent an invoice to cover the additional expense.

Procedure

The Community Development Department will review the petition and make a written report to the Planning Commission. Village staff will schedule the petition for a public hearing with the Plan Commission. Village staff will publish a notice of public hearing in a local newspaper at least 15 days prior to the hearing. The petitioner will be mailed a copy of the notice and Staff report prior to the hearing date.

The Plan Commission will hear all evidence and testimony by the petitioner and anyone from the public that wishes to speak on the matter, and then vote to either recommend granting or denying the petition. The Plan Commission's recommendation will be forwarded to the Village Board, which will vote to grant or deny the petition.

Application Requirements

1. Application fee of \$359.00 must be submitted with the application.
2. Complete and signed application information form (next page).
3. Statement of proposed amendment (reference all sections to be amended or note requested section to be added).
4. Statement of purpose for proposed amendment.
5. Any statements supporting proposed amendment.

FOR OFFICE USE ONLY	
SUBMITTAL DATE:	ACCEPTANCE DATE:
REQUESTED ACTION:	COMMON NAME:
ADDRESS:	DOCKET NO.:
MEETING DATE:	

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PROPOSED AMENDMENT

Section(s) to be amended (note location for any new sections proposed): _____

Please attach the required documents (statement of proposed amendment, purpose of proposed amendment, and statements supporting proposed amendment).

APPLICANT INFORMATION

(PLEASE PRINT OR TYPE ALL RESPONSES)

Name of Applicant/Contact: _____

Company: _____ Role: _____

Address _____ City: _____

State: _____ Zip: _____ Email: _____

Phone (1): _____ Phone (2): _____

Fax No. _____

Optional: Other Contact Information (if not applicant) – to also receive meeting information

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Tel. Number _____ Fax No. _____

Signature of Petitioner

Date