



**APPLICATION FOR ZONING CERTIFICATE
5 TO 7 DAYS ARE REQUIRED FOR PROCESSING OF APPLICATION**

Application Fee: **\$150.00**

Date of Application: _____

I, _____ the undersigned owner/contract purchaser or authorized agent of the owner hereby applies to the Planning & Zoning Department of the City of Waukegan for a Zoning Certificate as required under Article 3.7 of the Waukegan Zoning Ordinance, and hereby authorize(s) the City of Waukegan to inspect, if necessary, the premises described below pursuant to Ordinance 07-O-83.

The building or structure is located at (street address) _____

Parcel Identification Number (P.I.N. Number) _____

Legal Description of Property: **See attached plat of survey.**

Existing Use: Multi-Family Residence _____

Commercial/Residential _____

Other _____

Type of Dwelling Units by number: Efficiency _____

One Bedroom _____

Two Bedroom _____

Three Bedroom _____

Other (specify) _____

Size of Lot: Length _____ Width _____ Area (square feet) _____

Total area of building including all floors: _____ square feet.

Height of building: _____ feet.

Existing number of parking spaces: _____

Date of last rental inspection _____

Signature of Applicant

The following items are required to be submitted along with the application:

1. Application fee of \$150.00.
2. A plat of survey of property showing lot size, location of all structures, all set-backs and other features such as fences, parking spaces, etc.

Name of Applicant: _____

Address of Applicant: _____

Telephone Number of Applicant: _____

Return this application to: **City of Waukegan, Planning & Zoning Department, 100 N. Martin Luther King, Waukegan, IL 60085.** Any questions call 847-625-6878. FAX 847-625-6880

APPLICATION MUST BE COMPLETED IN FULL AND ALL ATTACHMENTS INCLUDED PRIOR TO PROCESSING OF APPLICATION BY THE PLANNING & ZONING DEPARTMENT.