



TEXT AMENDMENT

Department of Planning & Zoning
200 E. Wood Street · Palatine, IL · 60067-5339
Telephone: (847) 359-9047 · Fax (847) 963-6247
www.palatine.il.us

CONTACT INFORMATION WORKSHEET

PETITIONER(S)		Business Name (if applicable)	
Address		City/State/Zip Code	
Telephone		Fax	
Email			
Subject Property Address			
AUTHORIZED AGENT (if applicable)		Business Name (if applicable)	
Address		City/State/Zip Code	
Telephone		Fax	
Email			

I swear that the information contained herein and in any accompanying documents is accurate to the best of my knowledge.

Signature

Date



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Office Use Only	Project Planner	Zoning Case #
	Filing Fee	Notification Deadline

Date received

PLEASE TYPE OR PRINT IN INK:

1. Name of Petitioner(s): _____

2. Authorized Agent of Petitioner (if different):

Name: _____

Address: _____

Telephone No. _____ Business No. _____

Relationship to Petitioner: _____

3. Property Interest of Petitioner(s): _____
Owner, Lessee, Contract Purchaser, etc.

4. Address of the property for which this application is being filed:

5. All existing land use(s) on the property are:

6. The proposed use(s) on the property, if this petition is approved is (are):

7. Current zoning of property: _____

8. State the specific action requested. Cite ordinance numbers and distances where applicable.
(Example: Amend Section 11.02 to allow video store as permitted use and Laundromat as special use

9. The petitioner's signature below indicates that the information contained in this application and on any accompanying documents is true and correct to the best of his/her knowledge.

Date: _____

Signature

SUBSCRIBED AND SWORN to before me this _____ day of _____
20____.

Notary Public