

AESTHETIC REVIEW APPLICATION

For Office Use Only

Project Name: _____ Project Number: _____ Date Received: _____

PART I. REQUIRED DOCUMENTATION

- Completed and signed copy of the AESTHETIC REVIEW APPLICATION
- Signed STAFF/CONSULTANT REIMBURSEMENT ACKNOWLEDGEMENT Form
- Signed CONSENT TO ON-SITE INSPECTION Form

PART II. APPLICANT INFORMATION

NAME OF PROPOSED DEVELOPMENT: _____

Applicant Name: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Owner Contact: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Is the Applicant the owner of the subject property? YES [] NO []

(If not, a letter from the Owner authorizing the Applicant to file the Application must be attached.)

Is the Applicant and/or Owner a Trustee or a Beneficiary of a land trust? YES [] NO []

(If yes, a disclosure statement identifying each Beneficiary of such land trust by name and address and defining his/her interest therein shall be verified by the Trustee and shall be attached hereto.)

APPLICANT'S EXPERTS

Attorney: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Engineer: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Land Planner: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Architect: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Landscape Architect: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Surveyor: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Other: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

PART III. PROPERTY INFORMATION

ADDRESS OF PROPERTY: _____

SUBDIVISION: _____ LOT NUMBER: _____

PARCEL INDEX NUMBER(S): _____

AREA OF PARCEL (ACRES): _____

LEGAL DESCRIPTION: A legal description must be attached to this application.

PART IV. DESCRIPTION OF PROJECT

I, _____, hereby apply for review and approval of this application and represent that the application, requirements thereof, and supporting information have been completed in accordance with the Village of South Elgin Ordinances.

Signature of Applicant

Date

If you have any questions or comments, please call Community Development at **(847) 741-3894**. The Community Development Department does not require submittal of social security numbers. Black out social security numbers on any documents prior to submittal.

STAFF/CONSULTANT REVIEW REIMBURSEMENT ACKNOWLEDGEMENT

The undersigned hereby acknowledges their obligation to reimburse the Village of South Elgin for the costs incurred by the Village staff and consultants to review the application attached to this Acknowledgement, including all of the supporting documentation and data, plans, specifications, drawings and other information as required by the applicable sections of the South Elgin Unified Development Ordinance. The applicant shall deposit into a specified account with the Village at the time of each application. The amount is determined by the Zoning Administrator.

Further, the undersigned represents themselves as having the authority to incur such obligations on behalf of the owner and/or property.

The undersigned further acknowledges that the Village will deduct from this deposit the costs for reviewing the application by the Village's consultants and Village staff at the rate established for each individual by the Village Board and reimbursable expenses incurred for publication, postage and other actual costs associated with this application.

It is further acknowledged that the Village may demand additional payment(s) if the costs incurred during the review of this application exceed the amount of the deposit accompanying this application and may stay all proceedings thereto until such additional sums are deposited with the Village in accordance with the South Unified Development Ordinance.

Signature of Applicant or Authorized Agent

Date

Name (Please Print or Type)

Company Name

Address

City

State

Zip Code

Name of Development

Parcel Index Number(s)

*This form must be executed and accompany all Unified Development Ordinance changes.
No Application will be accepted or processed without this completed form.*

CONSENT TO ON-SITE INSPECTION

The undersigned are the owners of record of the real estate which is the subject of this petition and do hereby freely and voluntarily consent to inspection of the site by the Zoning Administrator and/or designated representative, the Village of South Elgin Planning and Zoning Commission members and/or the Village of South Elgin Board for purposes of determining the appropriateness of the pending proposed zoning petition, and hereby release such persons from any liability based in whole or in part on the inspection of the parcel in question.

Signature of Owner of Record

Date

Name (Please Print or Type)

Company Name

Address

City

State

Zip Code

Site Address

Parcel Index Number(s)

No Application will be accepted or processed without this completed form.