

TEXT AMENDMENT APPLICATION



City of Elmhurst

Community Development Department

209 N. York Street • Elmhurst, Illinois 60126 • (630) 530-6019 (p) • (630)530-3127 (f)

CASE NUMBER: _____ DATE APPLICATION FILED: _____

A. APPLICANT INFORMATION

Applicant Name: _____

Applicant Organization: _____

Applicant Address: _____

Applicant City / State / Zip Code: _____

Applicant Phone: Work: (____) _____ Home: (____) _____

Mobile / Other: (____) _____

Applicant Fax: Work:(____) _____ Home:(____) _____

Applicant Email: _____

Applicant Relationship to Property Owner: _____

Applicant Signature: _____

B. APPLICANT'S REQUEST (ATTACH ADDITIONAL SHEETS AS NECESSARY):

1. Applicant is requesting a text amendment of the Elmhurst Zoning Ordinance, Chapter _____, Section _____, Subsection _____ that states as follows (*State current language of the Ordinance sought to be amended*):

2. The applicant is proposing to amend the section as follows (*State the proposed zoning text language*):

3. The applicant feels that their request for a text amendment is justified in that (*Provide a statement explaining why you believe the current text is in error or what conditions warrant the text change*):

4. The proposed amendment is consistent with the purpose and intent of the Elmhurst Zoning Ordinance:

5. The proposed amendment will not adversely affect the health, safety, morals, and general welfare of the public:

E. CHECKLIST

- _____ Completed application with authorized signatures (may be submitted electronically)

- _____ Supporting evidence for the proposed text amendment (may be submitted electronically)

- _____ Check for \$6,500.00 payable to the City of Elmhurst