



2 LAGOON DRIVE - HAWTHORN WOODS, IL 60047
(847) 438-5500 FAX: (847)-438-1459 www.vhw.org

APPLICATION FOR COMMITTEE REVIEW

PLANNING, BUILDING AND ZONING COMMISSION
and
ZONING BOARD OF APPEALS

Date: _____

Approved

Denied

Applicant Name: _____

Address: _____

Applicant Telephone No. _____

Fees and/or Charges Received: _____

Committee: _____ Approval Date: _____

Committee Meeting Date: _____

Village Board Action: _____

Village Board Meeting Date: _____

OFFICE USE ONLY

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APPLICATION INSTRUCTIONS:

A. APPLICATION

Plan Commission:

Application for Subdivision Review, Change of Zoning Ordinance, Special Use Permit, Architectural Review of Plans and Certificate of Approval shall be filed on the attached forms.

Zoning Board of Appeals

Applications for a Zoning Variation or Administrative Appeals shall be filed with the Village Clerk on the attached forms.

The application shall include a check for the review fee per the approved fee schedule or ordinance. Following receipt of the application, the item will be scheduled for a public hearing before the appropriate Village Committee.

B. PLANS AND DATA

In addition to the required application information, the following must be filed with the Village Clerk no later than thirty (30) days prior to the public hearing date:

- Draw Down Deposit Agreement
- Petitions for Annexation (If applicable)
- Survey – A survey of the subject property prepared by a registered land surveyor
- Site Plan – A detailed site plan depicting the proposed development, including buildings, driveways, parking lots (if applicable), landscaped areas. These plans must be drawn to scale and clearly identify the request.
- Illustrative Plans – Floor plans, elevations and/or renderings, showing how the proposed addition or variation will look, where applicable.
- Landscape Plan – If applicable
- Description – A written description of the request should be provided as a part of the application.

Please check with Village Staff as to the appropriate number of copies of all documents that need to be submitted.

C. NOTIFICATION REQUIREMENTS – MEETING ATTENDANCE

The petitioner must be present at the Public Hearing or the request may be denied.

D. VILLAGE BOARD ACTION

Following the public hearing, the reviewing board or commission will transmit a written report and recommendation to the Village Board for consideration at its next available meeting. The Village Board meets on the fourth Monday of each month. The petitioner must be present at the Village Board meeting or the request may be denied.

E. FEES AND CHARGES

The filing fee(s) are **non-refundable**. Any additional charges a petitioner may be billed are for, but not limited to, engineering, legal, planning or staff review related to the petition.

The following fees will be applicable per the following schedule:

PLANNING, BUILDING AND ZONING COMMISSION

- \$500 Special Use Permit Hearing - Residential*
- \$1,000 Special Use Permit Hearing – Non-Residential*
- \$550 Subdivision Review – Concept Plan *
- \$550 Subdivision Review – Preliminary Plat *
+\$60/lot
- \$600 Subdivision Review – Final Plat *
- \$500 Zoning Amendment Hearing – Text Amendment *
- \$600 Zoning Amendment Hearing – Map Amendment *
- \$500 Certificate of Approval/Architectural Review*

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ZONING BOARD OF APPEALS

\$300	Zoning Variation Hearing Residential *
\$550	Zoning Variation Hearing Non-residential *
\$250	Board of Appeals Hearing

* Subject to Draw Down Deposit Agreement

**THE VILLAGE OF HAWTHORN WOODS
APPLICATION FOR CONSIDERATION**

Please check where appropriate:

PLANNING, BUILDING & ZONING COMMISSION	ZONING BOARD OF APPEALS
<input type="checkbox"/> Subdivision Review	<input type="checkbox"/> Zoning Variation
<input type="checkbox"/> Special Use Permit	<input type="checkbox"/> Administrative Appeal
<input type="checkbox"/> Zoning Amendment Hearing	<input type="checkbox"/> Other
<input type="checkbox"/> Certificate of Approval/Architectural Review	
<input type="checkbox"/> Rezoning	
<input type="checkbox"/> Other	

Property Address:

Zoning District: _____ PIN Number: _____

Legal Description (Please attach separate legal description if lengthy)

Description of Project

APPLICANT AND OWNERSHIP INFORMATION

The applicant shall submit with this application proof of ownership of the subject property as specified below:

<p style="text-align: center;">APPLICANT (Please Print or Type)</p>	<p>Name: _____</p> <p>Address: _____ _____</p> <p>Business Phone: _____</p> <p>Home Phone: _____</p> <p>Mobile Phone: _____</p> <p>Fax No.: _____</p> <p>Email: _____</p>
<p>RELATIONSHIP TO OWNER: (Owner, Attorney, Architect, Etc.)</p>	
<p>ARE THERE ANY LEASEHOLD INTERESTS IN THE PROPERTY:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>ARE THERE ANY CONTRACT INTERESTS IN THE PROPERTY?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>OWNER:</p>	<p>Name: _____</p> <p>Address: _____ _____ _____</p> <p>Business Phone: _____</p> <p>Home Phone: _____</p> <p>Email: _____</p>

JOINT OWNERSHIP	Name: _____ Address: _____ _____ Business Phone: _____ Home Phone: _____ Email: _____
If ownership is other than individual and/or joint ownership with spouse, please check appropriate category and complete percentage and identification information	<input type="checkbox"/> Corporate _____ <input type="checkbox"/> Land Trust _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Trust _____ <input type="checkbox"/> Other _____
APPLICANT'S REPRESENTATIVES (If applicable)	Attorney: _____ Firm: _____ Address: _____ Business Phone: _____ Fax No.: _____ Mobile Phone: _____ Email: _____

Engineer: _____ Firm: _____ Address: _____ Business Phone: _____ Fax No.: _____ Mobile Phone: _____ Email: _____

Surveyor: _____
Firm: _____
Address: _____
Business Phone: _____
Fax No.: _____
Mobile Phone: _____
Email: _____

Other: _____	Landscape Architect: _____
Firm: _____	Firm: _____
Address: _____	Address: _____
Business Phone: _____	Business Phone: _____
Fax No.: _____	Fax No.: _____
Mobile Phone: _____	Mobile Phone: _____
Email: _____	Email: _____

SIGNATURES

The undersigned hereby represents, upon all of the penalties of the law, for the purpose of inducing the Village of Hawthorn Woods to take the action herein requested, that all statements herein and on all related attachments are true and that all work herein mentioned will be done in accordance with the ordinances of the Village of Hawthorn Woods and the laws of the State of Illinois.

Date: _____ Applicant: _____
If other than Owner(s)

Date: _____ Owner: _____

BENEFICIAL INTERESTS INFORMATION

All applications for variations, amendments, subdivision review, and Special Use Permits, shall set forth on their face the following information:

- A. If the applicant is a corporation, the application must be accompanied by a resolution of the corporation authorizing the execution and submittal of the instant application. In addition, the application shall indicate on its face the names of all directors and corporate officers of the corporation and also, the names of all shareholders who own individual or beneficially 5% or more of the outstanding stock of the corporation.
- B. If the applicant is a general partnership; the application shall contain a list of all general Partners who have a 5% or greater individual or beneficial interest in the partnership.
- C. If the applicant is a limited partnership, the application shall contain a list of all general partners and the names of all limited partners having a 5% or greater individual or beneficial interest in the partnership.
- D. If the applicant is a land trust or any other trust, the application shall contain the names and addresses of all beneficiaries of the trust together with their respective interests in the trusts. The application shall be further verified by the applicant in his capacity of trustee or by the beneficiary as a beneficial owner of an interest in the trust and the application shall be signed individually by as many beneficiaries as are necessary to constitute greater than 50% ownership of the beneficial interest of the trust.
- E. If the applicant is a Limited Liability Company, the application shall contain the names and addresses of the managers and/or members of the LLC together with the respective interests in the LLC. In the event any is a manager in either a corporation, partnership, LLC or land trust, then the applicant shall supply the names and addresses of the shareholders, partners, members or beneficiary, respectively for each such manager. The application shall be further verified by the applicant in his or her capacity as a manager or member who has authority to bind the LLC

EXHIBIT "A"

CORPORATE OWNERSHIP

Please list below the names and addresses of all officers and directors of the corporation and all shareholders who own individually or beneficially 5% or more of the outstanding stock of the corporation. In addition, this application must be accompanied by a resolution of the corporation authorizing the execution and submittal of this application.

Name: _____ Address: _____ Business Phone: _____ Title or Position: _____ Ownership Percentage _____%	Name: _____ Address: _____ Business Phone: _____ Title or Position: _____ Ownership Percentage _____%
Name: _____ Address: _____ Business Phone: _____ Title or Position: _____ Ownership Percentage _____%	Name: _____ Address: _____ Business Phone: _____ Title or Position: _____ Ownership Percentage _____%
Name: _____ Address: _____ Business Phone: _____ Title or Position: _____ Ownership Percentage _____%	Name: _____ Address: _____ Business Phone: _____ Title or Position: _____ Ownership Percentage _____%

EXHIBIT "B"

PARTNERSHIP OWNERSHIP

Please list below the partners (general and/or limited) of the partnership who have a 5% or greater individual or beneficial interest in the partnership.

Name: _____ Address: _____ _____ Business Phone: _____ Title or Position: _____ Ownership Percentage _____%	Name: _____ Address: _____ _____ Business Phone: _____ Title or Position: _____ Ownership Percentage _____%
Name: _____ Address: _____ _____ Business Phone: _____ Title or Position: _____ Ownership Percentage _____%	Name: _____ Address: _____ _____ Business Phone: _____ Title or Position: _____ Ownership Percentage _____%
Name: _____ Address: _____ _____ Business Phone: _____ Title or Position: _____ Ownership Percentage _____%	Name: _____ Address: _____ _____ Business Phone: _____ Title or Position: _____ Ownership Percentage _____%

EXHIBIT "C"

TRUST OWNERSHIP

Please list below the trust number, name and address of the Trustee, as well as the names and addresses of all beneficiaries of the trust, together with their respective interests in the trust. The application shall be further verified by the applicant in his/her capacity of trustee or by the beneficiary as a beneficial owner of an interest in the trust and the application shall be signed individually by as many beneficiaries as are necessary to constitute greater than 50% ownership of the beneficial interest of the trust.

TRUST NUMBER: _____

TRUSTEE: Name: _____ Address: _____ _____ Business Phone: _____ Home Phone: _____ Title or Position: _____	TRUSTEE: Name: _____ Address: _____ _____ Business Phone: _____ Home Phone: _____ Title or Position: _____
BENEFICIARY: Name: _____ Address: _____ _____ Business Phone: _____ Home Phone: _____ Title or Position: _____ Trust Interest _____%	BENEFICIARY: Name: _____ Address: _____ _____ Business Phone: _____ Home Phone: _____ Title or Position: _____ Trust Interest _____%
BENEFICIARY: Name: _____ Address: _____ _____ Business Phone: _____ Home Phone: _____ Title or Position: _____ Trust Interest _____%	BENEFICIARY: Name: _____ Address: _____ _____ Business Phone: _____ Home Phone: _____ Title or Position: _____ Trust Interest _____%

EXHIBIT "D"

LIMITED LIABILITY COMPANY

Please indicate below whether the Limited Liability Company is manager managed or member managed. List names and addresses of each of the managers and members. If the manager or member of the LLC is a corporation, partnership, LLC or land trust, supply the names and addresses of the respective shareholders, partners, members or beneficiaries respectively.

MANAGER MANAGED: _____

MEMBER MANAGED: _____

MANAGER: Name: _____ Address: _____ _____ Business Phone: _____ Home Phone: _____ Title or Position: _____	
MEMBER: Name: _____ Address: _____ _____ Business Phone: _____ Home Phone: _____ Title or Position: _____	MEMBER: Name: _____ Address: _____ _____ Business Phone: _____ Home Phone: _____ Title or Position: _____
MEMBER: Name: _____ Address: _____ _____ Business Phone: _____ Home Phone: _____ Title or Position: _____	MEMBER: Name: _____ Address: _____ _____ Business Phone: _____ Home Phone: _____ Title or Position: _____

At the time of the filing of an application for special use or variance, the applicant shall furnish a complete list containing the names and address of those persons to and whom were sent tax bills or the general taxes for the last preceding year on all property located within two hundred fifty feet (250') in each direction of the location for which the variance is requested; provided that the number of feet occupied by all public roads, streets, alleys, and other public ways shall be excluded in computing the two hundred and fifty feet (250') requirement. The reviewing commission or board shall not consider any request unless the applicant furnishes such information. The Village shall not more than thirty (30) days nor less than fifteen (15) days before the hearing at which the application is to be considered, send written notice to the persons who names appear on the list furnished by the applicant.