

VILLAGE OF ANTIOCH
DEPARTMENT OF PLANNING, ZONING & BUILDING
874 Main Street
Antioch, Illinois 60002
Phone (847) 395-1000

REQUEST FOR PRELIMINARY PLAT
BEFORE COMBINED PLANNING COMMISSION AND ZONING BOARD

Application

TO: The Chairperson and Members of the Combined Planning Commission and Zoning Board of Appeals, Antioch, Illinois

Petitioners Name

Pin Number 02- _____ - _____ - _____

Address for Site

Acres

Land Owners Information

Name, Address, Telephone and E-Mail

(Pursuant to the Village Code as amended by Ordinance Number 94-1-3, the ownership of the property must be disclosed. If the property is in Trust, submit to the Village Clerk a Certificate of Trust disclosing all the beneficial owners; If the property is owned by a corporation, submit a letter from the Chief Executive Officer disclosing all the officers of the corporation)

Attorney

Address, Telephone and E-Mail

Developer (If different from applicant)

Name, Address, Telephone and E-Mail

Engineer

Name, Address, Telephone and E-Mail

I (we) consent to the entry in or upon the premises described in this application by any authorized official of the Village of Antioch, Illinois, during normal working hours, for the purposes of: viewing the site and/or structures related to this request; and the posting, maintaining, and removing such notices as may be required by law. I (we) certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my (our) knowledge and belief. APPLICANTS:

_____ (signature)

APPLICANT

DATE

ATTORNEY: _____ (Signature) attorney date

===== OFFICE

USE ONLY REC _____ FLAT FEE \$ _____ VBoT _____ ORD _____

ESCROW DEP. \$ _____

