

**CITY OF WAUKEGAN
ZONING LETTER APPLICATION
APPLICATION FEE: \$25.00**



At least **3 BUSINESS DAYS** are required for processing Zoning Letters.

Date of Application: _____

I/We _____, the undersigned owner(s) or authorized agent(s) of the owner hereby applied to the City of Waukegan, Illinois for a Zoning Letter as required under Article 3.7-3(3) of the Waukegan Zoning Ordinance.

The building or structure is located at (street address): _____

Parcel Identification Number (P.I.N.): _____

Has this property been vacant for 12 months or longer? _____ Yes _____ No

Existing Use: _____ Single-Family Residence
 _____ Two-Family Residence
 _____ Condominium/Townhouse

Size of Lot: **Length** _____ **Width** _____ **Area** _____ sq. ft. **(Must be provided)**

_____ Will Pick Up

_____ Please Mail

Signature of Applicant

Street Address of Applicant

Mail/Fax to: City of Waukegan
 Planning and Zoning Dept.
 100 N. Martin L. King, Jr. Ave.
 Waukegan, Illinois 60085
 (847) 625-6880 (Fax)

City, State and Zip Code

Telephone Number

Approximate Date of Closing: _____

THE ABOVE INFORMATION MUST BE COMPLETED IN FULL PRIOR TO PROCESSING THE APPLICATION BY THE CITY OF WAUKEGAN PLANNING AND ZONING DEPARTMENT. SHOULD YOU HAVE ANY QUESTIONS, PLEASE CALL (847) 625-6878.