

CITY OF WAUKEGAN
ZONING CERTIFICATE APPLICATION
APPLICATION FEE: **\$75.00**



5 TO 7 BUSINESS DAYS are required for processing Zoning Certificates.

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 Certificate as required under Article 3.7-3(2) of the Waukegan Zoning Ordinance.

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

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

Full Legal Description of Property: SEE ATTACHED PLAT OF SURVEY

Existing Use: _____ Multi-Family Residence
_____ Commercial/Residential
_____ Other

Type of Dwelling Units by number: _____ Efficiency
_____ One Bedroom
_____ Two Bedroom
_____ Three Bedroom
_____ Other (specify) _____

Size of Lot: Length _____ Width _____ Area _____ sq. ft. (Must Be Provided)

Total area of building (including all floors): _____ square feet

Height of Building: _____ feet.

Existing number of parking spaces: _____

Signature of Applicant

The following items are required to be submitted along with the application:

1. Application fee of \$75.00
2. A Plat of Survey of the property showing lot size, location of all structures, all setbacks, and other features such as fences, parking spaces, etc.

Name of Applicant: _____

Address of Applicant: _____

Telephone Number of Applicant: _____

Return this application to: **City of Waukegan Planning and Zoning Department, 100 N. Martin Luther King, Jr. Avenue, Waukegan, IL 60085.** Any questions call (847) 625-6878.

THE ABOVE INFORMATION MUST BE COMPLETED IN FULL AND ALL ATTACHEMENTS INCLUDED PRIOR TO PROCESSING OF APPLICATION BY PLANNING & ZONING DEPT.