



## ZONING BOARD OF APPEALS OF THE CITY OF CHICAGO SPECIAL USE CHECKLIST

Address of Subject Property: \_\_\_\_\_

### Special Use Application

#### Administrative items and payment:

- Checklist
- Contact Information Sheet & signed authorization of property owner (if different from Applicant)
- Official Denial of Zoning Certification
- (If applicable) Certified copy of the Zoning Map Amendment as published in the Chicago City Council Journal of Proceedings
- Economic Disclosure Statement(s) (EDS) of Applicant and Property Owner
- Check or money order for \$1,025, made payable to “City of Chicago – Department of Revenue”

- Special Use Public Hearing Packet**

#### Notice:

- Copy of Property Owner Notification Letter (written notice)
- Copy of Property Owner Notification Letter (written notice) sent to the Alderperson’s office in the ward of the subject property
- Certification of compliance with Written Notice (as required under MCC§17-13-0107-A)
- Adhesive mailing labels for all property owners within 250 feet of the subject property. (If a condominium building has more than 25 units, also include a label addressed to the condominium association)
- Two copies of Adhesive mailing labels for surrounding property owners

**\*\*\*All of the above items must be submitted to the ZBA at the time of filing, incomplete applications will not be accepted\*\*\***

### Additional Notice Requirements

#### Posted Notice

- Certification of compliance with Posting (as required under MCC§17-13-0107-C)
  - Photos of posting
- \*\*\*Submit these two items to the ZBA after posting the “Public Notice” sign. Reminder: the Public Notice sign must remain posted until the day of the public hearing.\*\*\***
- For Cannabis Business Establishments: Community Meeting pursuant to MCC §17-13-0905-G. Applicants for Cannabis Business Establishments must complete the Cannabis Supplemental Packet.

*If you require further assistance, please call 312-744-3888*



### CONTACT INFORMATION SHEET

Address of Subject Property: \_\_\_\_\_

Ward: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Applicant's Contact Information	NAME
	MAILING ADDRESS
	EMAIL
	PHONE

Property Owner's Contact Information	NAME
	MAILING ADDRESS
	EMAIL
	PHONE
<b>PROPERTY OWNER AUTHORIZATION (IF DIFFERENT FROM THE APPLICANT):</b> Please be advised that I am the property owner of the subject property. I have authorized the above referenced Applicant's special use application at this property.  Signature _____ Date _____	

Attorney Contact Information (if applicable)	NAME
	MAILING ADDRESS
	EMAIL
	PHONE

[ATTACH **OFFICIAL DENIAL OF ZONING CERTIFICATION** BEHIND THIS SHEET]

*If you require further assistance, please call 312-744-3888*



**SAMPLE PROPERTY OWNER NOTIFICATION LETTER**  
**Please retype and provide information regarding your application**

Date

Dear Property Owner:

In accordance with Section 17-13-0107-A of the Chicago Zoning Ordinance, Title 17 of the Municipal Code of Chicago, please be informed that on or about [insert the date you intend to file], the undersigned will file an application with the City of Chicago, Zoning Board of Appeals (ZBA) for a Special Use for the property located at [insert common street address of subject property].

[Provide a description of the nature, scope and purpose of the application or proposal here]

I, [insert name] am the applicant for a Special Use. My address is: [insert address].

The following is a source for additional information on the application or proposal: [insert here]

*NOTE: Another notice will be mailed to you by the ZBA Office notifying you of the scheduled public hearing. This notice will contain additional information about this application, how to view the application, the hearing date, and your ability to participate in the hearing if you so choose. There is no requirement for you to participate in this matter.*

Sincerely,

**Be sure to provide ZBA staff the following with your application:**

- Adhesive mailing labels for all property owners within 250 feet of the subject property. (If a condominium building has more than 25 units, also include a label addressed to the condominium association)
- Two copies of Adhesive mailing labels for surrounding property owners

*If you require further assistance, please call 312-744-3888*



**CERTIFICATION OF COMPLIANCE WITH WRITTEN NOTICE**  
**(AS REQUIRED UNDER MCC§17-13-0107-A)**

The undersigned certifies they have complied with the requirements of Section 17-13-0107 A of the Chicago Zoning Ordinance, Title 17 of the Municipal Code of Chicago, by serving written notice, either in person or by USPS first class mail, on the owners of all property within 250 feet\*, excluding the number of feet occupied by streets, alleys, other public ways and property owned by the applicant, in each direction of the lot lines of the subject property located at \_\_\_\_\_ (the "Notice Area") (\*500 ft. for certain waste facilities described under §17-13-0107-A(2)(b)).

**Initial below:**

\_\_\_\_\_ The applicant made a bona fide effort to determine the address of the parties to be notified under the above ordinance.

\_\_\_\_\_ The applicant certifies that the accompanying lists of names and addresses of surrounding property owners within the Notice Area is a complete list containing the names and last known addresses of the owners of the property required to be served and that the applicant has furnished in addition to a list of the last known owner and addresses, a list of the method of service (in person or by USPS first class mail).

\_\_\_\_\_ The undersigned further certifies that the written notice:  
(1) contained the address of the location for which the special use is requested.  
(2) contained a description of the nature, scope and purpose of the special use application.  
(3) contained the name and address of the Applicant for which the special use is requested.  
(4) contained the date that the applicant intended to file the application.  
(5) contained a source for additional information on the application or proposal.

\_\_\_\_\_ A copy of written notice was sent to the Alderperson of the ward in which the special use is proposed.

Under the penalty of perjury pursuant to Section 1-109 of the Illinois Code of Civil Procedure, I certify that all of the above statements are true as of the date signed to the best of my knowledge and belief.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you require further assistance, please call 312-744-3888*



**CERTIFICATION OF COMPLIANCE WITH POSTED NOTICE**  
**(AS REQUIRED UNDER MCC§17-13-0107-C)**

The undersigned certifies that \_\_\_\_\_ [insert name] posted a public notice sign on the property commonly known as \_\_\_\_\_ [insert address] on \_\_\_\_\_ [insert date].

This sign was furnished by the City of Chicago Zoning Board of Appeals pursuant to §17-13-0107-C(2) in connection with the Zoning Board of Appeals case filed on \_\_\_\_\_ [insert date].

This notice sign contains all of the following:

**Initial below:**

- \_\_\_\_\_ (1) The common street address of the subject property.
- \_\_\_\_\_ (2) A description of the nature, scope, and purpose of the application or proposal.
- \_\_\_\_\_ (3) The name and address of the applicant.
- \_\_\_\_\_ (4) The date that the application was filed.
- \_\_\_\_\_ (5) A source for additional information on the application or proposal.
- \_\_\_\_\_ The above information was written legibly.

This sign was installed within 5 days of filing the application and was posted in such a way as to be plainly visible from each roadway or right of way abutting the subject property. The posted notice will remain posted on the subject property until the scheduled hearing date.

Attached hereto is a picture of the sign and a picture of the sign as posted on the subject property.

I understand that pursuant to §17-13-0107-C(6)(b), no hearing will be scheduled or conducted until I comply with the above regulations.

Under the penalty of perjury pursuant to Section 1-109 of the Illinois Code of Civil Procedure, I certify that all of the above statements are true as of the date signed to the best of my knowledge and belief.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you require further assistance, please call 312-744-3888*