

Application Number: _____

Date Filed: ____/____/____



**OFFICE OF THE ZONING ADMINISTRATOR
CITY OF CHICAGO**

ADMINISTRATIVE ADJUSTMENT APPLICATION

Application is hereby made for an Administrative Adjustment, pursuant to §17-13-1000 of the Chicago Zoning Ordinance.

Property Address: _____

Zoning District: _____

Ward: _____

Description of Case (Include all language stated in the denial of zoning certification notice):

Applicant: Name:
Address:
City, State, Zip Code:
Phone Number:
Email:

If Applicant is not the Property Owner, identify relationship to the Property Owner (such as: architect, attorney, contractor, expediter):

Property Owner: Name:
Address:
City, State, Zip Code:
Phone Number:
Email:



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Application Required Attachments:

- _____ Checklist
- _____ Official Denial of Zoning Certification issued by the Department of Planning and Development (not applicable for adjustments proposed under §17-13-1003-M)
- _____ Complete Application signed by the Applicant
- _____ \$500 check, payable to the “City of Chicago, Department of Revenue”
- _____ 11” x 17” drawings including, where applicable: site plan, floor plans, landscape plan, building elevations (with height and material call-outs), and sections
- _____ Plat of Survey
- _____ House Number Certificate (for new principal buildings and vacant lots)

After acceptance of an application by the Zoning Administrator, the applicant must comply with the Written Notice provisions set forth in §17-13-0107-A of the Chicago Zoning Ordinance. To evidence compliance with these provisions the applicant must submit the following items.

Notification Compliance Required Attachments:

- _____ Copy of the Notification of Administrative Adjustment Application Letter sent to the property owners of adjoining lots on both sides of the subject property and to the Alderman of the Ward
- _____ Copy of a postmarked Certified Mail sender’s receipt for each Notification Letter
- _____ List containing the names and last-known addresses of each party provided with notice
- _____ Affidavit of Written Notification by Applicant

This application will not be considered complete until all required attachments are submitted to the Bureau of Zoning and Land Use, City Hall, Room 905.



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I hereby affirm that all of the statements on this application and those in the attachments submitted herewith are true, under penalty of law.

Applicant Signature

Applicant Name

Date: _____, 20____.