

VILLAGE OF STEGER
35 WEST 34TH STREET
STEGER, IL 60475
708-754-3395

**APPLICATION FOR VARIANCE
VILLAGE OF STEGER ZONING BOARD OF APPEALS**

1. Applicant: _____

2. Applicant's Address: _____ Phone # _____

3. Commonly known location or address of the subject property is: _____

4. The person signing this application is the individual owner, a partner in Title, an Office of the Corporation, the Trust Officer of a Beneficiary of the Trust. (Strike out all but applicable portion of proceeding statement.)

In space below, if a partnership, name all partners; if a corporation, name all officers, directors and shareholders who have more than 10% of the outstanding stock; if a Trust, name the Trustees and the Trust number, the date of the Trust, all the beneficiaries thereunder, the person or person holding Power of Direction, including addresses of persons named.

NAME	ADDRESS	INTEREST HELD
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Present Zoning Classification of the Property: _____

6. Requested variance:

7. Are there any covenants, conditions or restrictions concerning type of improvements, setbacks, area or height requirements, occupancy or use limitations, etc., placed on the property of record? If yes, give date of expiration of said restrictions and describe:

8. Has the property been the subject of previous or pending administrative, legislative or court action? (If yes, give details)

9. Describe building(s) on the property and occupancy at present time: _____

10. Legal description of the subject property: _____

A plat of survey or plot plan drawn to scale must be attached hereto and made a part of this application.

11. Title to the subject property is vested in applicant by a _____ Deed, recorded on _____ as Document No. _____, a copy of said Deed and Title Policy attached hereto, or applicant is the contract purchaser of the subject property pursuant to that fully executed sales agreement attached hereto and hereby made a part hereof.

12. **Filing fee of \$75.00 must accompany this application.**

Signature of Applicant

Date

FOR OFFICE USE ONLY

DATE RECEIVED: _____ AMOUNT PAID: _____ RECEIPT #: _____

HEARING DATE & TIME: _____