



ZONING CERTIFICATE APPLICATION

Application Fee: **\$50.00** **

NOTE: AT LEAST 10 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 applies to the Planning & Zoning Department of the Village of Beach Park, Illinois for a Zoning Certificate as required under **Article 12.7.1** of the Beach Park Zoning Ordinance, and hereby authorize(s) the Village of Beach Park to inspect the premises described below pursuant to **Ordinance 2008-0-25**.

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

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

Has the property been vacant for 6 months or longer? yes no **** Additional \$125 for Certificate of Occupancy Inspection ("Internal" Inspection of home)**

Existing Use: Single Family Residence
 Two Family Residence
 Condo
 Townhome

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

Will Pick Up

Please Mail

Signature of Applicant

Please Provide Email Address

Street Address of Applicant

FEE MUST BE PAID WHEN THE APPLICATION IS SUBMITTED

City, State and Zip Code

Call 847.246.6002 for any questions

Telephone Number

Fax Number

Approximate Date of Closing: _____

THE ABOVE INFORMATION MUST BE COMPLETED IN FULL PRIOR TO PROCESSING THE APPLICATION BY THE VILLAGE OF BEACH PARK PLANNING & ZONING DEPARTMENT.