



# ADMINISTRATIVE MODIFICATION APPLICATION

VILLAGE OF GURNEE  
COMMUNITY DEVELOPMENT DEPARTMENT

TO BE COMPLETED BY APPLICANT:

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

Application Type (check one-submittal requirements on page 2):

ADMINISTRATIVE MODIFICATION—FINAL

ADMINISTRATIVE MODIFICATION—SPECIAL USE PERMIT

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

PIN: \_\_\_\_\_

Present Use: \_\_\_\_\_

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

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner Name (if different than applicant): \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant hereby certifies that: (1) All statements and other information submitted as part of this application are true and correct to the best of the applicants knowledge and further understand that this Application and attachments become part of the Official Records of the Village of Gurnee; (2) Applicant has read and understands all information in this application; and (3) Applicant understands the submittal of inaccurate or incomplete information or plans may result in processing delays.

Signature of Applicant

Date:

Signature of Owner (if different from the applicant)

Date:



