



ZONING INTERPRETATION APPLICATION

VILLAGE OF GURNEE

TO BE COMPLETED BY THE APPLICANT:

Date: _____

Location of Subject Property: _____

PIN Number: _____

Current Use: _____

Current Zoning District: _____

Applicant Name: _____

Address: _____

Phone Number: _____ **Fax:** _____

Email: _____

Owner Name (if different than applicant): _____

Owner Address: _____

Phone Number: _____ **Fax:** _____

Email: _____

Proof of Standing Provided: _____

(proof of ownership, control, authorization, etc.—attach with application materials)

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:

