

APPLICATION FOR MAP AMENDMENT

VILLAGE OF NORTH AURORA
25 East State Street
North Aurora, IL 60542

PETITION NO. _____

FILE NAME _____

DATE STAMP

I. APPLICANT AND OWNER DATA

Name of Applicant* _____

Address of Applicant _____

Telephone Numbers _____

Name of Owner(s)* _____

Telephone Number _____

Email Address _____

If Applicant is other than owner, attach letter of authorization from Owner.

Title of Record to the real estate was acquired by Owner on _____

II. ADDRESS, USE AND ZONING OF PROPERTY

Address of Property _____

(Indicate location if no common address)

Legal Description: _____

Parcel Size _____

Present Use _____

(Business, manufacturing, residential, etc.)

Present Zoning District _____

(Zoning Ordinance Classification)

*In the event that the applicant or owner is a trustee of a land trust or a beneficiary or beneficiaries of a land trust, a statement identifying each beneficiary of such land trust by name and address and defining his//her interest therein shall be attached hereto. Such statement shall be verified by the trustee or by a beneficiary.

III PROPOSED MAP AMENDMENT

Proposed Zoning District _____ (Zoning Ordinance Classification)

Has the present applicant previously sought to rezone the property or any part thereof? _____
If so, when? _____

To what zoning district classification? _____

What type of improvement to the Property is planned? _____

What will be the actual use of such improvement(s)? _____

What are the existing uses of the property within the general area of the Property in question?

IV CHECKLIST FOR ATTACHMENTS

The following items are attached hereto and made a part hereof:

1. Legal Description (may be included in items 2 or 5 below)
2. Two (2) copies of an Illinois Land Surveyor’s plat of survey showing the nearest dedicated east-west and north-south streets, the right-of-way width and the distance of each street from the property in question.
3. Five (5) copies of a plot plan, 8 ½” x 11” or 8 ½ x 14” showing proposed construction if any.
4. A written certified list containing the names of registered owners, their mailing addresses and tax parcel numbers, of all properties within 250 feet of the property for which the amendment is requested.
5. A copy of owner’s title insurance policy commitment or deed for the subject property.
6. Filing fee in the amount of \$300.00; if paid by check make payable to the ‘Village of North Aurora’. Please note, an escrow deposit will also be required per Village Code.
7. Letter of authorization letter from owner, if applicable.
8. Disclosure of beneficiaries of land trust, if applicable.

Completed forms for the following must accompany application, if applicable:

9. Visit the Illinois Department of Natural Resources’ website www.dnr.state.il.us and initiate a consultation using DNR’s [EcoCat](#) online application
10. Visit the Kane DuPage Soil and Water Conservation District’s website

The Applicant authorizes the Village of North Aurora representatives to enter on to the property to make inspection during the hearing process.

The Applicant is responsible for publishing a legal notice in the newspaper, sending mail notices to properties within 250 feet and posting a sign(s) on the property advertising the public hearing. These shall be in accordance with Village Ordinances at the times decided by the Village of North Aurora.

The undersigned hereby agrees to reimburse the Village for all costs of court reporter fees for attendance at and transcript of hearing(s) and other professional service fees for services rendered in connection with this application as defined in Appendix B of the North Aurora Zoning Ordinance. Such reimbursement shall be made promptly upon receipt of invoices from the Village, whether or not this application for special use is approved.

I (we) certify that all of the above statements and the statements contained in any documents submitted herewith are true to the best of my (our) knowledge and belief.

Applicant or Authorized Agent

Date

Owner

Date

**MAP AMENDMENT STANDARDS
APPLICATION FOR MAP AMENDMENT**

Please provide a typed response to each of the following standards:

1. Is the proposed amendment consistent with the existing use and zoning of nearby property?
2. Does the proposed amendment diminish the existing zoning of the subject property?
3. Does the proposed amendment promote the public health, safety, comfort, convenience and general welfare?
4. Does the proposed amendment provide a relative gain to the public, as compared to the hardship imposed upon the applicant?
5. Is the proposed amendment not feasible for development as it is presently zoned?
6. Has the property in question been vacant, as presently zoned, for a significant length of time considered in the context of development in the area where the property is located?
7. Is there evidence of community need for the use proposed by the applicant?
8. Is the proposed amendment consistent with the comprehensive plan?
9. Does the proposed amendment benefit the residents of the Village as a whole and not just the applicant, property owners, neighbors of any property under consideration, or other special interest groups?
10. Does the proposed amendment avoid creating nonconformities?
11. Does the proposed amendment remain consistent with the trend of development, if any, in the general area of the property in question?
12. Are adequate public facilities available including but not limited to, schools, parks, police and fire protection, roads, sanitary sewers, storm sewers, and water lines, or are public facilities reasonably capable of being provided prior to the development of the use which would be permitted on the subject property if the Amendment were adopted.

STATE OF ILLINOIS)
) SS
COUNTY OF KANE)

I, _____ being first duly sworn on
oath depose and say that I am trust officer of _____ and that the following
persons are all of the beneficiaries of _____.

Trust Officer

SUBSCRIBED AND SWORN TO

Before me this _____ day of _____, 20_____

A Notary Public in and for such County.

Following are the names and addresses of all properties within 250 feet of the property in questions for which the Map Amendment is being requested.

TAX PARCEL NO.	NAME	MAILING ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____

I, _____, being first duly sworn on oath certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true and correct.

 Applicant Signature

 Date

SUBSCRIBED AND SWORN TO

Before me this _____ day of _____, 20_____.

 Notary Public