



Village of Brookfield  
Planning and Zoning Commission Application Packet

# Text Amendment Application

### Applicant Information:

- 1. Name and Phone Number of contact person for application process \_\_\_\_\_
- 2. Petitioner's Name \_\_\_\_\_
- 3. Petitioner's Address \_\_\_\_\_
- 4. Phone Number \_\_\_\_\_
- 5. Email Address \_\_\_\_\_
- 6. Fax Number \_\_\_\_\_
- 7. Owner of Record Name \_\_\_\_\_
- 8. Owner of Record Address \_\_\_\_\_

### Property Information:

- 9. Common Street Address \_\_\_\_\_
- 10. Legal Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 11. Permanent Tax Index Number \_\_\_\_\_
- 12. When did the owner acquire the property? \_\_\_\_\_

13. Is the petitioner in the process of purchasing/leasing the property? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, is the purchase/lease contingent on approval of the map amendment? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Is your property use presently (check one): Conforming \_\_\_\_\_ Non-conforming \_\_\_\_\_

15. If the property is a non-conforming use, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 16. Surrounding Zoning and Land Use:

	Zoning District	Land Use
North		
South		
East		
West		

**Text Amendment Application, continued**

17. What is the Zoning Classification of the subject property? \_\_\_\_\_

18. What is the requested text amendment and why? (Please attach another sheet if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note that additional information may be required upon staff review.

Any person who shall knowingly make or cause to be made, or conspire, combine, aid or assist in, agree to, arrange for, or in any way procure the making of a false or fraudulent application, affidavit, certificate, or statement, shall be guilty of a misdemeanor as provided by statute by the State of Illinois.

\_\_\_\_\_  
Petitioners Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature (or authorized agent)

\_\_\_\_\_  
Date