



Village of Brookfield
Planning and Zoning Commission Application Packet

Sign Variance 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. Is Zoning of Subject Property: _____
- 13. Current land use of Subject Property: _____
- 14. Proposed/approved land use of Subject Property: _____
- 15. Surrounding Zoning and Land Use:

	Zoning District	Land Use
North		
South		
East		
West		

- 16. Describe the variance(s) you are seeking:

Section Number(s): _____

Sign Variance Application, continued

Conditions for Approval (attach a separate sheet if necessary):

Please describe how your request demonstrates compliance with the following standards:

17. The proposed variation will not be materially detrimental to other nearby property:

18. Notwithstanding the benefits, the property in question will suffer some demonstratable and irreversible hardship if made to conform to the strict letter of this ordinance:

19. The alleged hardship has not been created by anyone presently having a proprietary interest in the property:

20. The proposed variation is in harmony with the spirit and intent of this ordinance.

Please attach any drawings or photos of the sign(s) in question and proposed locations, with dimensions for each.

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