



**ZONING BOARD OF APPEALS
CITY OF CHICAGO**

APPEAL CHECKLIST

Only completed applications will be accepted.

Please be advised that no evidence may be submitted at the time of hearing. Any evidence you wish to be considered must be submitted at the time of filing of your application.

Premises Affected: _____

Please submit the following with your application:

- _____ Checklist
- _____ Official Denial of Zoning Certification
- _____ Project Narrative
- _____ Check or money order for \$ 500.00 made payable to “ City of Chicago-
Department of Revenue”
- _____ Economic Disclosure Statements for Applicant and Property Owner
- _____ All material submitted for review by the Department of Planning and
Development
- _____ Signed Authorization of Property owner if different from applicant

OBJECTORS APPEAL

- _____ Copy of the letter of the decision of the Zoning Administrator
- _____ Proof of Notice of this Appeal to the Property Owner (sent certified mail)
- _____ All evidence you wish to be considered by the Zoning Board of Appeals
- _____ Check or money order for \$500.00 made payable to “ City of Chicago-
Department of Revenue”
- _____ Economic Disclosure Statement

If you require further assistance please call 312-744-3888

121 N. LaSalle Street Room 905, Chicago, IL 60602



Zoning Board of Appeals City of Chicago

(Application must be typewritten)

Appeal Application

Premises Affected:

Zoning District:

Ward:

Applicant:

Name:

Address:

City:

Phone:

State:

Zip:

Email:

Property Owner:

Name:

Address:

City:

Phone:

State:

Zip:

Email:

Attorney:

Name:

Address:

City:

Phone:

State:

Zip:

Email:

Description of Case:

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City of Chicago**

I hereby affirm that all of the statements contained on this application and those in any attachments submitted herewith are true, under penalty of law.

Applicant name _____

Applicant signature _____

Sworn to me, this _____ day of _____ of 20__

Notary Public

COMPLETE BELOW FOR AN OBJECTOR'S APPEAL

Notice of Appeal from the order, requirement, decision or determination of the Office of the Zoning Administrator.

To the Zoning Administrator

Notice is hereby given that I am appealing your decision taken on _____, 20__ in relation to the premises located at _____, by filing with you this Notice of Appeal.

Applicant Signature

Notary Public