



# Village of Maywood

Reviewer \_\_\_\_\_

Department of Community Development  
Zoning Division  
40 Madison Street  
Maywood, Illinois 60153  
708 450-4404 Fax: 708 450-4893

## ZONING INTERPRETATION APPLICATION

(PLEASE TYPE OR PRINT)

### APPLICANT:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_  
E-Mail Add.: \_\_\_\_\_

### Property Owner (if not the Applicant):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_  
E-Mail Add.: \_\_\_\_\_

Agent's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_

Being the owner of the project property, I hereby authorized this application.

\_\_\_\_\_  
Date Owner's Signature

### PARCEL INFORMATION

Address: \_\_\_\_\_ T.P.I.N. (s): \_\_\_\_\_

Present use of parcel: \_\_\_\_\_

Type of zoning permit /use requested: \_\_\_\_\_

**DESCRIPTION OF PROPOSED USE:** Please provide a complete project description or use of property with any required improvement. Attach a separate sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FOR DEPARTMENT USE ONLY

RECEIVED BY: \_\_\_\_\_ DATE ACCEPTED \_\_\_\_\_ Fee \$50.00 RECEIPT #: \_\_\_\_\_  
Attachment to Application: **Yes/No** Number of Pages of Attachments: \_\_\_\_\_  
T.P.I.N.s: \_\_\_\_\_ Zoning District Classification \_\_\_\_\_