Department of Planning and Economic Development

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PLAN COMMISSION & BOARD OF ZONING APPEALS
EAST CHICAGO, INDIANA

Application for Variation, Appeal & Amendments
Request for Pre-Application Conference

Date: _____

Name of Applicant: _____

Applicant Address: _____

City, State, Zip: _____ **Phone:** _____

Relationship of Applicant to Owner: _____

Common Location of Property Being Considered in Application:

_____

Street Address of Property: _____

Description of Requested Physical Improvements to Property: _____

_____

Existing Use: _____ **Proposed Use:** _____

Signature of Applicant: _____

Signature of Owner: _____

PROJECT STATEMENT FORM

***Note: Zoning Amendment Requests Require Project Statement Form Completion**

Proposal Description:

_____

_____

_____

_____

_____

_____

For Residential Proposals:

Proposed Type of Dwelling Units: _____

Proposed Parking Needs: _____

Proposed Special Conditions that should be weighed as part of the review: _____

_____

_____

For Business Proposals:

Proposed Hours of Operation: _____

Proposed Parking Needs: _____

Proposed Special Conditions that should be weighed as part of the review: _____

_____

_____

Signature of Applicant: _____

Signature of Owner: _____

Internal Use:

Date Received:_____ **Data Research Date:**_____ **Ref/Initials:**_____

Lot Fronts on (Street Names): _____

Lot:_____ **Block:**_____ **Section:**_____ **Range:**_____ **Township: North** _____ **County: Lake**

Existing Zoning:_____ **Proposed Zoning:** _____

Special Uses:_____ **Variances:**_____ **Amendments*:**_____

Additional Comments: _____

_____

Hearing Fee: $_____ **Fee Received: $**_____ **Date of Hearing:** _____

Results of Hearing: _____

_____

Action Sent to Council: _____

Final Determination: _____