



TEXT AMENDMENT APPLICATION

VILLAGE OF GURNEE COMMUNITY DEVELOPMENT DEPARTMENT

TO BE COMPLETED BY APPLICANT:

Date: _____

Applicant Name: _____

Address: _____

Phone Number: _____ **Fax:** _____ **Email:** _____

Section(s) of Ordinance to be Amended: _____

General Description of Requested Text Amendment and Proposed Language [attach additional pages, if necessary]

JUSTIFICATION OF PROPOSED TEXT AMENDMENT:

In evaluating the proposed text amendment, the Planning and Zoning Board and Village Board will make findings based on the standards imposed by Section 16.5.b of the Zoning Ordinance. Please respond to each of the following criteria and describe how the proposed text amendment complies with each. [attach additional pages, if necessary]

1) The extent to which the proposed amendment promotes the public health, safety, and welfare of the Village.

2) The consistency of the proposed amendment with the Comprehensive Plan and any adopted land use policies.

3) The consistency of the proposed amendment with the intent and general regulations of this Ordinance.

Applicant hereby certifies that: (1) All statements and other information submitted as part of this application are true and correct to the best of the applicants knowledge and further understand that this Application and attachments become part of the Official Records of the Village of Gurnee; (2) Applicant has read and understands all information in this application; and (3) Applicant understands the submittal of inaccurate or incomplete information or plans may result in processing delays .

Signature of Applicant

Date:

Signature of Owner (if different from the applicant)

Date:

