



Application for a Waiver of Subdivision Regulations

**PLAN
COMMISSION**

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY

Date Request Filed: _____ Plan Case No.: _____

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

1. APPLICANT CONTACT INFORMATION

Name of Applicant(s): _____ Phone: _____

Address (*street/city/state/zip code*): _____

Email Address: _____

Property interest of Applicant(s) (*Owner, Contract Buyer, etc.*): _____

2. OWNER INFORMATION

Name of Owner(s): _____ Phone: _____

Address (*street/city/state/zip code*): _____

Email Address: _____

Is this property owned by a Land Trust? Yes No
If yes, please attach a list of all individuals holding an interest in said Trust.

3. PROPERTY INFORMATION

Name of Development: _____

Address/Location of Subject Site: _____

PIN # of Location: _____

Legal Description (*If additional space is needed, please submit on separate sheet of paper*): _____

Waiver(s) Requested:

Section:	Subsection:	Page:
Section:	Subsection:	Page:
Section:	Subsection:	Page:
Section:	Subsection:	Page:

What practical difficulties or conditions exist that are not applicable generally to other properties which make it difficult to comply with the requirements of the development ordinance?

What effects will the requested waiver(s) have on present and future public services to the property proposed for subdivision and lands adjacent to the property? Further, will such waiver(s) result in any negative impact or environmental incursions to the property adjacent to or in the vicinity of the proposed subdivision? If so, please state (or attach) evidence identifying such impacts and proposed solutions in order to mitigate or reduce the negative impacts resulting from the waiver(s).

What other circumstances justify granting the requested waiver(s)?

Additional exhibits submitted by the petitioner:

NOTE: If additional space is needed to accurately answer any question, please attach extra pages to the application.

CERTIFICATION BY THE APPLICANT

I certify all the information contained in this application form or any attachment(s), document(s) or plan(s) submitted herewith are true to the best of my knowledge and belief, and that I am either the property owner or authorized to make this application on the owner's behalf.

Applicant's Signature

Date

PLEASE RETURN THIS FORM ONCE COMPLETED TO:

City of Urbana
Community Development Department Services
Planning Division
400 South Vine Street, Urbana, IL 61801
Phone: (217) 384-2440
Fax: (217) 384-2367