

## **Application for Review**

Date Submitted

Name of Project:ORらの Address (If no address, location):			
applicant information:		Owner informatio	n:
Name: William J. Kennedy		Name:	Same
Company Name: ORSanix Recucins, LLC Address:		Company Name:	
Address: 19065 Hickor	Y CROOK H	Address:	
Mokena, IL 60448 Phone: 708-935-6111		Phone:	
IMPORTANT: A DIGITAL copy must be	waived by the departm	ent. The reduced set of co	F) along with 4 full-size (one of which must be in pies should only include the project location mand dexterior light fixture cut sheets.
TYP	PE OF REVIEW		<u>Fee</u>
Rezoning: Attach <u>COPY</u> of rezoning petition <u>along with fee</u> . Original <b>must</b> be submitted to City Clerk.			\$350
☐ Certified Survey Map	Certified Survey Map		\$150 + \$50/lot
Plat Review - Plat Reviews are held You must also submit 4 to the Coun			☐ prelim.: \$500 + \$10/lot box) ☐ final: \$300 + \$10/lot
** Site Plan & Arch. Review - Architectural changes do not need	preliminary review.	(Check appropriate	☐ <b>prelim</b> .: \$300 + \$15/1000 sq.ft. or res. uibox) ☐ <b>final</b> : \$200 + \$10/1000 sq.ft. or res. unit
** Conditional Use with Site Plan		(Check appropriate	box) ☐ <b>prelim</b> .: \$300 + \$15/1000 sq.ft. or res. ui ☐ <b>final</b> : \$200 + \$10/1000 sq.ft. or res. unit
Conditional Use (No Site Plan)			\$200
** Airport Hangar Review			\$300
Home Industry (Attach info sheet.)			\$100
House Move			\$150
Street Vacation			\$150
Other (specify):			\$100
** PUD Review			\$400 added to S.P.A.R. fee
PUD Amendment			\$100
Annexations and/or Attachments - Original must be submitted to City Clerk.			No Fee
□ Resubmittal			\$150
** Please attach to this form a Re			
DEADLINE FOR THE SUB	MITTAL IS THE MOI	NDAY FOUR WEEKS BE	FORE THE MEETING BY 4:00 P.M.
	IN IN	ITERNAL USE ONLY	
	eck #:		