| PETITION FOR PLAN REVIEW AND APPROVAL All information requested on this form MUST be provided. A petition will be considered incomplete if any information is missing and therefore | | | | | | | |
|--|----------------------------------|-------------------------------|-------|--------------------------------------|---|----------|------------------------------|
| will not be accepted. Following planning approval, a building permit is required. | | | | | | | |
| PROJECT NAME DYKAS LOT CONSOLIDATION | | | | | | | |
| PETITIONER INFORMATION (person responsible for payment of Village fee) | | | | | | | |
| NAME JAMES and RENEE DYKAS | | | | TITLE | | | |
| ADDRESS 17424 DEER TRAIL COURT | | | | CITY/STATE/ZIP ORLAND PARK, IL 60467 | | | |
| PHONE (708) 478-6251 FAX | | | | EMAIL jim dy kas @ quail. com | | | |
| RELATIONSHIP TO OWNER OWNER PETITIONER'S CONTACT INFORMATION | | | | | | | |
| NAME (SAME AS ABOVE) | | | | TITLE | | | |
| ADDRESS | | | | CITY/STATE/ZIP | | | |
| PHONE FAX | | | | EMAIL | | | |
| RELATIONSHIP TO PETITIONER | | | | | | | |
| PROPERTY OWNER'S INFORMATION | | | | | | | |
| NAME (SAME AS ABOVE) | | | | PHONE | | | |
| ADDRESS | | | | CITY/STATE/ZIP | | | |
| PROJECT INFORMATION | | | | | | | |
| PROPERTY ADDRESS (OR GENERAL LOCATION) 17430 DEER TRAIL COURT, ORLAND PARK, IL 60467 | | | | | | | |
| P.I.N. NUMBER 🚄 | E OF PARCEL 160' × 130' sf acres | | | | | | |
| EXISTING USE ON SITE EMPTY LOT PI | | | | ROPOSED USE ON SITE | | | |
| | | | | EQUESTED ZONING | | | |
| PROJECT TEAM NAME | | | PH | ONE | | EMAIL | |
| DEVELOPER | | | | | | | ECEIVEN |
| ATTORNEY | ý. | | i | | į | | |
| ENGINEER | | | | | | | JUN 3 0 2017 |
| ARCHITECT | - | | | | | | |
| L'ANDSCAPE ARCHITECT | | | | | | | |
| REQUESTED APP | ROVALS (CHECK A | LL THAT APPLY) | | | | | |
| SITE PLAN | SPECIAL USE (AMENDMENT) | LANDSCAPE PLAN WITH DETENTION | | ANDSCAPE PLAN | ū | REZONING | ELEVATIONS (Non-Residential) |
| SUBDIVISION | -ANNEXATION | RECORD PLAT OF SUBDIV | ISION | Š | Q | VARIANCE | MINOR ZONING-VARIANCE |
| Licertify that the above is true and accurate and agree to pay the required fees as stated on the fee worksheet (po 6). | | | | | | | |
| Signature of Petitioner Date Ce/29/17 OFFICIAL SEAL COLEEN D. LYNCH | | | | | | | |
| Notary Signature Notary Public - State of Illinois My Commission Expires 1/12/2021 Notary Signature N | | | | | | | |

ASSIGNED TO

Assistant Development Services Director Approval to Proceed

Nettor

PROJECT NO. 3017-0-17-00441
DATE PETITION COMPLETED

For Village Use Only