

APPLICATION FOR AN APPEAL FROM AN ORDER, REQUIREMENT OR DECISION OF THE COMMUNITY DEVELOPMENT DIRECTOR OR OTHER OFFICER OR DEPARTMENT OF THE CITY OF OAKBROOK TERRACE

	Date Submitted:							
Subdivision:			Fee:					
Lot:	Blo	ock:			_			
OWNER/AI	PPELLANT	· •						
Full name: _		<u> </u>						
Address:	(Full name of individual(s) or legal entity(ies) in record ownership is required)							
Telephone:								
	is in a trus	st, please attach a	trust disclosur	e form.				
AUTHORIZ	ZED REPRI	ESENTATIVE C	OF OWNER/AP	PELLANT,	IF ANY:			
Full name:								
Address:								
Talanhanas		Fax:		E mail:				
		vner or property (i						
Kelationship	to record ov	viici of property (i.e., autorney, con	itract purcha	sci, cic.)			
PROPERTY	INFORM	ATION: (Please	attach a full leg	al descripti	on to this a	application)		
		rty:						
		Surrounding						
Use of Surrou	anding Prope	erties in all directio	ons:					

A	P	P	\mathbf{E}	A	\mathbf{L}	:
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2. State the basis or requirement or or	State the basis of the appeal, i.e., state why the owner/appellant believes the order requirement or decision of the Community Development Director or other officer or department is incorrect and should be reversed (you may do this by attaching a statement in this regard):					
OWNER:		AUTHORIZED REPRESENTATIVE:				
Signature:	· · · · · · · · · · · · · · · · · · ·	Signature:				
Title:		Title:				
Printed Name:		Printed Name:				
Signed And Sworn To	Before Me					
This Day Of	, 20					
Notary Public						