

**VILLAGE OF HINSDALE**  
**COMMUNITY DEVELOPMENT DEPARTMENT**  
19 East Chicago Avenue  
Hinsdale, Illinois 60521-3489  
630.789.7030

**Application for Certificate of Zoning Compliance**

*You must complete all portions of this application. If you think certain information is not applicable, then write "N/A." If you need additional space, then attach separate sheets to this form.*

**Applicant's name:** \_\_\_\_\_

**Owner's name (if different):** \_\_\_\_\_

**Property address:** \_\_\_\_\_

**Property legal description:** [attach to this form]

**Present zoning classification:**

**Square footage of property:** \_\_\_\_\_

**Lot area per dwelling:** \_\_\_\_\_

**Lot dimensions:** \_\_\_\_\_ x \_\_\_\_\_

**Current use of property:** \_\_\_\_\_

**Proposed use:** Single-family detached dwelling  
Other: \_\_\_\_\_

**Approval sought:** Building Permit                      Variation  
Special Use Permit                      Planned Development  
Site Plan                                      Exterior Appearance  
Design Review  
Other: \_\_\_\_\_

**Brief description of request and proposal:**  
\_\_\_\_\_

**Plans & Specifications:** [submit with this form]

	<b>Provided:</b>	<b>Required by Code:</b>
<b>Yards:</b>		
<b>front:</b>	_____	_____
<b>interior side(s)</b>	_____ / _____	_____ / _____

**Provided:**

**Required by Code:**

corner side \_\_\_\_\_

rear \_\_\_\_\_

**Setbacks (businesses and offices):**

front: \_\_\_\_\_

interior side(s) \_\_\_\_\_ / \_\_\_\_\_

corner side \_\_\_\_\_

rear \_\_\_\_\_

others: \_\_\_\_\_

Ogden Ave. Center: \_\_\_\_\_

York Rd. Center: \_\_\_\_\_

Forest Preserve: \_\_\_\_\_

**Building heights:**

principal building(s): \_\_\_\_\_

accessory building(s): \_\_\_\_\_

**Maximum Elevations:**

principal building(s): \_\_\_\_\_

accessory building(s): \_\_\_\_\_

**Dwelling unit size(s):** \_\_\_\_\_

**Total building coverage:** \_\_\_\_\_

**Total lot coverage:** \_\_\_\_\_

**Floor area ratio:** \_\_\_\_\_

**Accessory building(s):** \_\_\_\_\_

**Spacing between buildings:** [depict on attached plans]

principal building(s): \_\_\_\_\_

accessory building(s): \_\_\_\_\_

**Number of off-street parking spaces required:** \_\_\_\_\_

**Number of loading spaces required:** \_\_\_\_\_

**Statement of applicant:**

*I swear/affirm that the information provided in this form is true and complete. I understand that any omission of applicable or relevant information from this form could be a basis for denial or revocation of the Certificate of Zoning Compliance.*

By: \_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Applicant's printed name

Dated: \_\_\_\_\_, 20\_\_\_\_.