



10631 MAIN STREET  
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## DESIGN REVIEW APPLICATION

ADDRESS OF PROPERTY: \_\_\_\_\_

PIN: \_\_\_\_\_ TOWNSHIP \_\_\_\_\_

EXISTING USE: \_\_\_\_\_

PROPOSED USE: \_\_\_\_\_

APPLICANT(S) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

OWNER(S) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### ATTACHED THE FOLLOWING TO THIS APPLICATION:

- PROOF OF OWNERSHIP ATTACHED.
- POWER OF ATTORNEY LETTER
- METES AND BOUNDS LEGAL DESCRIPTION
- SCALE DRAWING SITE PLAN
- LANDSCAPING PLAN
- PHOTOMETRIC PLAN
- PARKING & LOADING PLAN
- DRAINAGE REPORT PLANS (2 COPIES)
- EROSION CONTROL PLANS (2 COPIES)
- STORM WATER POLLUTION (2 COPIES)
- 10 COPIES OF ALL THE DOCUMENTS
- DIGITAL COPY OF ALL DOCUMENTS & CAD DRAWINGS

SCHEDULE PRE-APPLICATION CONFERENCE WITH THE ZONING ADMINISTRATOR 815-623-2829.  
RETURN DOCUMENTS AND FORM TO ZONING ADMINISTRATOR.

APPLICANT(S) SIGNATURE \_\_\_\_\_

FOR OFFICE USE ONLY:

DATE FILED: \_\_\_\_\_

ZBA DATE: \_\_\_\_\_

APPROVED/DENIED

\_\_\_\_\_  
ZONING ADMINISTRATOR