

Village of Matteson

Community Development Department

4900 Village Commons, Matteson, IL 60443 (708) 283.4940 Fax (708) 748.2326

Application for Model Home Site Plan Review

Date: _____

Fee Amount: \$150.00

CONTACTS:

1. Location of Site _____

2. Name of Applicant _____ Phone _____

Address _____
(STREET NO. AND NAME) (CITY) (STATE) (ZIP)

3. Owner of Record (Mandatory) _____ Phone _____

Address _____
(STREET NO. AND NAME) (CITY) (STATE) (ZIP)

4. Representative/Agent for Applicant _____ Phone _____

Address _____
(STREET NO. AND NAME) (CITY) (STATE) (ZIP)

IF APPLICABLE:

5. Engineering Firm _____ Phone _____

Address _____
(STREET NO. AND NAME) (CITY) (STATE) (ZIP)

Contact Person _____

6. Architectural Firm _____ Phone _____

Address _____
(STREET NO. AND NAME) (CITY) (STATE) (ZIP)

Contact Person _____

7. Attorney _____ Phone _____

Address _____
(STREET NO. AND NAME) (CITY) (STATE) (ZIP)

Contact Person _____

SITE DETAILS:

8. Current Zoning _____

9. Attach six (6) copies of the review materials.

To verify that the information reported in this document is true, please sign below.

Signed: _____

Applicant

Signed: _____

Property Owner (mandatory)

Signed: _____

Agent