

the  
**Village of New Lenox**  
*"Home Of Proud Americans"*

**PLANNING DEPARTMENT  
TEMPORARY USE APPLICATION - SPECIAL EVENT**

**PETITION/DEVELOPMENT NAME:**

**PETITIONER INFORMATION:**

<b><u>PRIMARY CONTACT</u></b>	MAILING ADDRESS	CITY, STATE, ZIP
PHONE #	FAX #	E-MAIL ADDRESS

**SITE INFORMATION:**

<b><u>SITE ADDRESS OR LOCATION</u></b>	ACRES	PROPERTY ID # (PIN)
EXISTING LAND USE		CURRENT ZONING

BRIEF DESCRIPTION OF TEMPORARY USE (REQUESTED ACTION) \*

\* Attach additional sheets if necessary

**OTHER APPLICANT & INTERESTED PARTIES:**

	NAME	COMPANY	MAILING ADDRESS	PHONE # & FAX #
<b>PETITIONER</b>				
<b>OWNER</b>				
<b>EVENT SPONSOR</b>				
<b>LAND PLANNER</b>				
<b>AGENT/ATTORNEY</b>				

**SURROUNDING ZONING AND LAND USE**

	ZONING	JURISDICTION (VILLAGE OR COUNTY)	LAND USE
NORTH			
SOUTH			
EAST			
WEST			

**CHECKLIST OF REQUIRED TEMPORARY USE - SPECIAL EVENT APPLICATION ITEMS:**

- One (1) original completed "Temporary Use Application - Special Event" form and 30 copies.
- 45 copies of a site plan drawn to scale depicting the location of all proposed accessory structures, including but not limited to all proposed tents, stages, speakers, inflatable screens and temporary restroom facilities. Temporary fencing or other security measures may be required by the Village.
- 45 copies of a parking plan, indicating the number of parking spaces to be lost during the duration of the special event and making accommodations for additional parking so that an adequate number of parking spaces are provided for the business and special event.
- 45 copies of a handicap accessibility plan.
- One (1) original and (30) copies of a written statement explaining the types of all activities proposed during the special event, such as outdoor entertainment, sale of alcoholic beverages, security and crowd control measures. The proposed hours of operation of the special event shall also be noted.
- 45 copies of an exterior lighting plan depicting all temporary lighting fixtures, power supplies and extension cords.
- Certificate of insurance indicating General Liability coverage in the amount of \$1,000,000.00 and listing the Village of New Lenox as additionally insured.
- Payment of the \$100 review fee.
- Submit one (1) copy of the application and supporting documents to the applicable Fire District for review and comment.
- Submit one (1) copy of the application and supporting documents to the Will County Health Department for review and approval if food is being served.

I, \_\_\_\_\_, the Petitioner, hereby appeal to the corporate authorities of the Village of New Lenox, Will County, Illinois, for a temporary use in accordance with the information provided in this petition. I certify that the information and statements contained in this petition and the documents submitted herewith are true and factual to the best of my knowledge.

I understand that all correspondence from the Village staff, including Village consultants, will be directed to the Primary Contact. It will be the Primary Contact's responsibility to inform all other interested parties of any correspondence and the status of the petition.

BY: \_\_\_\_\_  
PETITIONER

Signed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)