

## 47<sup>TH</sup> WARD ZONING INFORMATION FORM

This form will help Alderman Martin, his office, and his constituents better understand the details of your request for a zoning change. The alderman and his staff, as well as the resident Zoning Advisory Council (ZAC), will be reviewing your submission.

Please be as accurate as possible in your answers. Please note that, in the event your application is approved, you may be asked to sign a Memorandum of Understanding, deed restriction, or other kind of binding, written commitment related to the matters below.

The ward's priorities regarding development in the 47th Ward are:

- Density and commercial activity on major streets
- Contributing to the community's rich architectural heritage and sense of space
- Achieving a diverse mix of housing styles
- Providing the maximum number of affordable housing units (exceeding ARO requirements)
- Building setbacks and heights appropriate to immediate area
- Public art elements, such as murals
- Sustainable features (e.g., water retention, energy efficiency)
- Construction processes that are respectful of neighbors and the environment
- Offering opportunities to retain any displaced residents

### SUBMISSION INSTRUCTIONS

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**All applicable sections of this form must be completed and submitted before a meeting is scheduled with the Alderman's Office. Please be sure to include the following (as applicable):**

|   |  |
|---|--|
| This completed form   | Existing site plans or plat of survey  |
| A zoning map, showing proposed lot and surrounding area                           | Proposed site plans  |
| Photographs of the existing lot conditions and their relation to nearby buildings | Proposed floor plans   |
|   | Exterior elevations and/or renderings  |
|   | Letters of support from local Chamber(s) of Commerce and Neighborhood Association(s) |

For questions, please call Josh at the 47th Ward Office at (773) 868-4747. **Completed forms can be mailed to the 47th Ward Office at the address above or emailed to [josh@aldermanmartin.com](mailto:josh@aldermanmartin.com).**



|                        |                        |                             |
|------------------------|------------------------|-----------------------------|
| <b>PROJECT NAME</b>    |                        | <b>DATE</b>                 |
| <b>PROJECT ADDRESS</b> |                        | <b>SQ. FT. OF SITE AREA</b> |
| <b>CURRENT ZONING</b>  | <b>PROPOSED ZONING</b> |                             |
| <b>CURRENT USE</b>     |                        |                             |

**A1. APPLICANT NAME(S) & CONTACT INFORMATION**

**A2. OWNER CONTACT INFORMATION** *(if different from applicant)*

\_\_\_\_\_

I [THE APPLICANT] CURRENTLY OWN THE PROPERTY.  
 I [THE APPLICANT] AM LEASING THE PROPERTY.  
 I [THE APPLICANT] HAVE THE PROPERTY UNDER CONTRACT.

**A3. ATTORNEY NAME & CONTACT INFORMATION** *(if applicable)*

**A4. ARCHITECT NAME & CONTACT INFORMATION** *(if applicable)*

**A5. PLEASE LIST ANY PROJECTS BY THE APPLICANT DURING THE PAST 5 YEARS.** *Kindly attach images.*

| ADDRESS | DESCRIPTION |
|---------|-------------|
|         |             |
|         |             |
|         |             |
|         |             |

**A6. LIST ANY CONTRACTORS YOU REGULARLY WORK WITH.**

| NAME | DOES THIS CONTRACTOR USE UNION LABOR? <input type="checkbox"/> if YES. |
|------|--|
|      |  |
|      |  |
|      |  |
|      |  |



**B1. DOES THE PROJECT INCLUDE A(N) ORANGE, RED, LANDMARK, OR NATIONAL REGISTER HISTORIC STRUCTURE?**

Yes *Please describe:* No

**B2. PLEASE LIST EXISTING RESIDENTIAL UNITS. *If not applicable, skip to Question B.4.***

| NUMBER OF BEDROOMS | CURRENT RENT OF UNIT | IS THE UNIT OCCUPIED? (Y/N) | IF YES, ENTER # OF RESIDENTS AND HOW LONG THEY HAVE OCCUPIED THE UNIT | OCCUPIED BY PERSON(S) OVER THE AGE OF 62?<br>✓ if YES. | OCCUPIED BY SCHOOL-AGED CHILD(REN)?<br>✓ if YES. | IS THIS UNIT RECEIVING SUBSIDIES?*<br>✓ if YES. |
|--------------------|----------------------|-----------------------------|---|--|--|---|
|                    |                      |                             |   |  |  |   |
|                    |                      |                             |   |  |  |   |
|                    |                      |                             |   |  |  |   |
|                    |                      |                             |   |  |  |   |
|                    |                      |                             |   |  |  |   |
|                    |                      |                             |   |  |  |   |
|                    |                      |                             |   |  |  |   |

*\* including Housing Choice Vouchers or Property Rental Assistance from the Chicago Housing Authority, or subsidies from the Chicago Low Income Housing Trust Fund*

**B3. WHAT IS YOUR PLAN FOR PROVIDING RELOCATION ASSISTANCE TO CURRENT TENANTS?**

**B4. PLEASE LIST EXISTING COMMERCIAL UNITS. *If not applicable, skip to Section C.***

| SQ. FT. OF UNIT | IS THE UNIT OCCUPIED? (Y/N) | IF YES, ENTER BUSINESS TYPE |
|-----------------|-----------------------------|-----------------------------|
|                 |                             |                             |
|                 |                             |                             |
|                 |                             |                             |
|                 |                             |                             |
|                 |                             |                             |



**C1. PURPOSE OF THE PROPOSED ZONING CHANGE:**

New Construction

Rehabilitation

Change of Use *(no significant change to structure)*

**C2. PLEASE LIST PROPOSED BUILDINGS AND BUILDING HEIGHTS.**

**C3. PLEASE LIST ADJACENT BUILDINGS AND BUILDING HEIGHTS.**

**C4. DO PROPOSED SETBACKS DIFFER FROM ADJACENT BUILDINGS?**

Yes *Please describe:*

No

**C5. BRIEFLY DESCRIBE YOUR PROPOSED CHANGES IN THE USE OF THE PROPERTY. *Use additional pages if necessary.***

**C6. EXPLAIN IN DETAIL WHAT YOU WISH TO DO THAT THE PROPERTY'S CURRENT ZONING DOES NOT PERMIT.  
*Use additional pages if necessary.***

**C7. LIST ANY PROPOSED SPECIAL USE, PLANNED DEVELOPMENT, VARIANCE, OR ADMINISTRATIVE ADJUSTMENTS YOU MAY BE SEEKING. *Use additional pages if necessary.***

**C8. ARE YOU PLANNING ON RETAINING OWNERSHIP OF THE PROPERTY OR SELLING WITHIN THE NEXT FIVE YEARS?**



**FOR ANY RESIDENTIAL PORTIONS OF YOUR PROPOSED DEVELOPMENT** *If not applicable, please skip to Question C.16.*

**C9. UNIT TYPE(S):**

- Condos
- Rentals
- Single Family

**C10. PLEASE LIST PROPOSED RESIDENTIAL UNITS.**

| HOW MANY UNITS? | UNIT TYPE<br>(STUDIO, 1 BED 1.5 BATH, ETC.) | ANTICIPATED RENT(S)<br>OR SALE PRICE(S) | ACCESSIBLE UNIT? (Y/N)<br><i>If Yes, indicate Type A or Type B (Adaptable)</i> |
|-----------------|---|---|--|
|                 |   |   |  |
|                 |   |   |  |
|                 |   |   |  |
|                 |   |   |  |
|                 |   |   |  |

**C11. NUMBER OF CAR PARKING SPACES:**

CAR PARKING-TO-UNIT RATIO:

**C12. NUMBER OF BICYCLE PARKING SPACES:**

BICYCLE PARKING-TO-UNIT RATIO:

**C13. NUMBER OF PROPOSED ON-SITE AFFORDABLE REQUIREMENTS ORDINANCE (ARO) UNITS:**

NUMBER OF PROPOSED NON-ARO AFFORDABLE UNITS:

**C14. ARE YOU PLANNING TO TAKE ADVANTAGE OF AFFORDABLE HOUSING SUBSIDIES FROM THE FOLLOWING ENTITIES?**

*Our office is available to discuss these options with you.*

**i. COOK COUNTY ASSESSOR AFFORDABLE HOUSING PROPERTY TAX INCENTIVE** *(for buildings with 7-9 units)*

Yes                                      No *If not, why?*

**ii. CHICAGO HOUSING AUTHORITY PROPERTY RENTAL ASSISTANCE**

Yes                                      No *If not, why?*

**iii. CHICAGO LOW INCOME HOUSING TRUST FUND** *(e.g., MAUI, Rental Support Program)*

Yes                                      No *If not, why?*

**iv. ANY OTHERS**

Yes *Please describe:*                      No

**C15. FOR RENTALS OR CONDOS: WILL YOU CONTINUE MANAGING THE PROPERTY AFTER THE PROPOSED CHANGES GO INTO EFFECT?**

Yes                                      No *If not, why?*



**FOR ANY COMMERCIAL PORTIONS OF YOUR PROPOSED DEVELOPMENT** *If not applicable, please skip to Section D.*

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**C16. PLEASE DEFINE THE FOLLOWING FOR EACH SPACE:**

| TYPE          | SQUARE FOOTAGE | # OF CAR PARKING SPACES |
|---------------|----------------|-------------------------|
| Office        |                |                         |
| Retail        |                |                         |
| Manufacturing |                |                         |
| Warehouse     |                |                         |

**C17. IS ANY PROPOSED RETAIL SPACE BLACK-IRON READY?**

Yes

No



**ENVIRONMENTAL SUSTAINABILITY**

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Our office requires applicants to score a certain number of points as set forth in the Department of Planning & Development's (DPD) Sustainable Development Policy. The number of points we require is based on the size of the proposed development. Please refer to our 47th Ward Sustainability Matrix document, available for download at [aldermanmartin.com/development](http://aldermanmartin.com/development).

For an in-depth description of acceptable sustainable features, please see the [City of Chicago Department of Planning and Development \(DPD\) Handbook](#).

**D1. PLEASE LIST THE SUSTAINABLE FEATURES YOU WILL INCLUDE IN YOUR PROPOSAL TO SCORE THE NUMBER OF POINTS REQUIRED IN THE 47<sup>TH</sup> WARD SUSTAINABILITY MATRIX:**

**PUBLIC ART AND BEAUTIFICATION**

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**D2. ARE YOU PROPOSING ANY BEAUTIFYING OR GREENING ELEMENTS FOR THE STREET BEYOND THE CITY'S MINIMUM REQUIREMENTS?**

Yes *Please describe:*                      No

**D3. ARE YOU PROPOSING ANY PUBLICLY ACCESSIBLE ART?**

Yes *Please describe:*                      No

**D4. DOES THE BUILDING INCLUDE ANY BLANK WALLS THAT COULD HOST A MURAL?**

Yes *Please describe:*                      No



**CONSTRUCTION**

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**D5. WHAT IS THE PROPOSED CONSTRUCTION SCHEDULE FOR THIS PROJECT?**

Start date:

Completion date:

**D6. ARE YOU ADDING OR REMOVING A CURB CUT?**

Adding

Removing

No

**D7. IF YOU ARE REMOVING AN EXISTING BUILDING, DO YOU ENGAGE IN DEMOLITION OR DECONSTRUCTION?**

Yes *Please describe:*

No

N/A

**D8. DO YOU HAVE ANY PARTNERSHIPS OR MECHANISMS IN PLACE TO SALVAGE HISTORICAL BUILDING MATERIALS?**

**D9. WHAT MECHANISMS DO YOU HAVE IN PLACE DURING CONSTRUCTION TO HOLD YOUR CONTRACTORS ACCOUNTABLE TO NEIGHBORS?**

**D10. HAVE YOU MET WITH THE DEPARTMENT OF PLANNING & DEVELOPMENT (DPD) REGARDING THE PROJECT?**

Yes *Enter contact info:*

No

**D11. HAVE YOU MET WITH ANY OTHER CITY DEPARTMENTS/AGENCIES OR COMMUNITY GROUPS REGARDING THE PROPOSAL?**

Yes *Enter contact info:*

No





E. PLEASE ADD ANY ADDITIONAL INFORMATION. ATTACH ADDITIONAL PAGES IF NECESSARY.

A large empty rectangular box with a thin blue border, intended for providing additional information.