

Northfield Woods Sanitary District

3633 W. Lake Avenue, Suite 403b
Glenview, Illinois 60026

PHONE: (847) 998-1860 FAX:

PETITION FOR ANNEXATION APPLICATION

Received Date

DISTRICT VIEW	
Project Name:	_____
Project Number:	_____
Application Number:	_____

Instructions:

To request annexation of property, complete this application and submit it with all required attachments to the Planning Division.

The information you provide must be complete and accurate. If you have a question please call the District and we will be happy to assist you.

1. Property Information:	Parcel Number (s):	
	Street Address (or common location if no address is assigned):	
2. Applicant Information:	Name	Phone
	Address	Fax
		Email
3. Record Owner Information:	Name	Phone
	Address	Fax
		Email
4. Billing: <i>To whom should costs for this application be billed?</i>	Name	Phone
	Address	Fax
		Email

Application Checklist

- q **APPLICATION:** Completed application form signed by the applicant
- q **APPLICATION FEE:** Refer to attached Schedule of Application Fees
- q **REIMBURSEMENT OF FEES AGREEMENT:** An original, executed Reimbursement of Fees Agreement and deposit of funds in escrow with the Sanitary District.
- q **PROOF OF OWNERSHIP and DISCLOSURE:**
 - a) A current title policy report; or
 - b) A deed and a current title search.

If the owner is not the applicant, an original letter of authorization from the owner permitting the applicant to act on his/her behalf is required. If the owner or applicant is a Trust, a disclosure of all beneficiaries; if the owner or applicant is a Partnership, a disclosure of all partners; if the owner or applicant is a Corporation, a disclosure of all owners with an interest of at least ten percent (10%).

- q **LEGAL DESCRIPTION:** For entire subject property, on 8 ½ x 11 inch paper
- q **PLAT OF SURVEY:**

A current plat of survey for the Subject Realty showing all existing improvements on the property, prepared by a registered Illinois Professional Land Surveyor.

- q **ANNEXATION PETITION (Complete either Form #1 for Electors, or Form #2 for No Electors).**

Petition to include the following information:

 - § Addressed to: Alan Beutelspacher, 3633 W. Lake Avenue, Suite 403b, Glenview, IL 60026
 - § A common address of the property and tax parcel number are included in the petition
 - § Signatures of all of the owners of record of the territory to be annexed and also by the majority of electors, if any, residing in the territory. Petition shall be signed under oath.

- q **DIGITAL VERSION AND ONE MYLAR PRINT OF THE PLAT OF ANNEXATION.** The Plat shall contain the following information:
 - § Survey of property to be annexed
 - § Legal description of property to be annexed
 - § Present corporate limits
 - § Number of acres to be annexed
 - § Preliminary site plan or description of the development
 - § Name and address of person who prepared plat
 - § Indicate that the new boundary shall extend to the far side of any adjacent highway and shall include all of every highway within the area annexed.
 - § Certificate for signature by Board President and the Clerk as follows:

This is to certify that this Accurate Map of Territory Annexed is identified as that incorporated into and made a part of the Northfield Woods Sanitary District Ordinance No. _____ adopted by the Board of Trustees of said Sanitary District on the _____ day of _____, 20____.

By: _____ Attest: _____
President Clerk

I (we) certify that this application and the documents submitted with it are true and correct to the best of my (our) knowledge and belief.

Record Owner Date

Applicant or Authorized Agent Date

STATE OF ILLINOIS)
) SS
 COUNTY OF COOK)

BEFORE THE BOARD PRESIDENT AND BOARD OF TRUSTEES
 OF THE NORTHFIELD WOODS SANITARY DISTRICT

PETITION FOR ANNEXATION

The undersigned Petitioners hereby respectfully petition to annex to the Northfield Woods Sanitary District, the territory described as follows:

See Exhibit "A" attached hereto and made a part hereof

Commonly know as: _____

Parcel Number(s): _____

And under oath state as follows:

1. The undersigned Petitioners include all of the owners of record of the territory hereinbefore described and at least fifty-one (51) per cent of the electors residing therein, and said Petitioners have executed this Petition as such owners and electors, respectively.
2. The territory hereinbefore described is not within the corporate limits of any other sanitary district.
3. The territory hereinbefore described is contiguous to the Northfield Woods Sanitary District.

WHEREFORE, Petitioner(s) respectfully request(s) that the Trustees of the Northfield Woods Sanitary District, annex the territory hereinbefore described to said Sanitary District in accordance with the provisions of the Petition and in accordance with law.

The undersigned petitioner(s) and elector(s), being first duly sworn on oath, state(s) that the statements set forth in the petition for annexation above are true and correct.

Dated this _____ day of _____, 20_____ .

OWNER(S)

Subscribed and sworn to
 Before me this _____
 Day of _____, 20____

 Notary Public

ELECTOR(S)

Subscribed and sworn to
Before me this _____
Day of _____, 20__

Notary Public

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

BEFORE THE BOARD PRESIDENT AND BOARD OF TRUSTEES
OF THE NORTHFIELD WOODS SANITARY DISTRICT

PETITION FOR ANNEXATION

The undersigned Petitioners hereby respectfully petition to annex to the Northfield Woods Sanitary District, the territory described as follows:

See Exhibit "A" attached hereto and made a part hereof

Commonly know as: _____

Parcel Number(s): _____

And under oath state (s) as follows:

1. Your undersigned Petitioner (s) is (are) the sole owner (s) of record of the territory hereinbefore described, and *have) (has) also executed this Petition as such owner.
2. The territory hereinbefore described is not within the limits of any other sanitary district.
3. The territory hereinbefore described is contiguous to the Northfield Woods Sanitary District.
4. There are no electors residing within the territory hereinbefore described.

WHEREFORE, Petitioner(s) respectfully request(s) that the Trustees of the Northfield Woods Sanitary District, annex the territory hereinbefore described to said Sanitary District in accordance with the provisions of the Petition and in accordance with law.

The undersigned petitioner(s) being first duly sworn on oath, state(s) that the statements set forth in the petition for annexation above are true and correct.

Dated this _____ day of _____, 20____ .

OWNER(S)

Subscribed and sworn to
Before me this _____
Day of _____, 20____

Notary Public

**OWNERSHIP DISCLOSURE FORM
PARTNERSHIPS**

STATE OF ILLINOIS)
) SS.
COOK COUNTY)

I, _____, being first duly sworn on oath depose and say that I am a
General Partner of _____, an Illinois
(General) (Limited) Partnership and that the following persons are all of the partners thereof:

- _____ (General)(Limited) Partner
- _____ (General)(Limited) Partner
- _____ (General)(Limited) Partner
- _____ (General)(Limited) Partner
- _____ (General)(Limited) Partner
- _____ (General)(Limited) Partner

By: _____ (General)(Limited) Partner

Subscribed and Sworn before me this _____ day of
_____, 20 _____.

Notary Public

**OWNERSHIP DISCLOSURE FORM
CORPORATION**

STATE OF ILLINOIS)
) SS.
COOK COUNTY)

I, _____, being first duly sworn on oath depose and say that I am the
_____ of _____, an
(Illinois) () Corporation and that the following persons are all of the shareholders
of 7% or more of the common stock of said Corporation:

_____	_____
_____	_____
_____	_____
_____	_____

BY: _____

TITLE: _____

Subscribed and Sworn before me this _____ day of
_____, 20 _____.

Notary Public

**OWNERSHIP DISCLOSURE FORM
LAND TRUST**

STATE OF ILLINOIS)
) SS.
COOK COUNTY)

I, _____, being first duly sworn on oath depose and say that I am
Trust Officer of _____, and that the following
persons are all of the beneficiaries of Land Trust No. _____:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

By: _____, Trust Officer

Subscribed and Sworn before me this _____ day of
_____, 20 _____.

Notary Public

**OWNERSHIP DISCLOSURE FORM
LIMITED LIABILITY COMPANY (L.L.C.)**

STATE OF ILLINOIS)
) SS.
COOK COUNTY)

C.:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

By: _____, Manager

Subscribed and Sworn before me this _____ day of
_____, 20 _____.

Notary Public

**NORTHFIELD WOODS SANITARY DISTRICT
REIMBURSEMENT OF FEES AGREEMENT**

Sanitary District Acct. # _____

I. Owner:

Owner of Property: _____ Date: _____

Owner's Address: _____

Owner's Phone Number: _____

If Owner is a Land Trust, the names and addresses of the beneficiaries of the Trust:

II. Person Making Request (Petitioner/Applicant):

Name of Petitioner/Applicant: _____

Petitioner's/Applicant's Address: _____

Petitioner's /Applicant's Phone Number: _____

III. Location of Property:

General Location of Property: _____

Acreage of Parcel: _____

Permanent Index Number(s): _____

Legal Description (attach as Exhibit A)

IV. Reimbursement of Fees:

If the Sanitary District determines, in its sole and exclusive discretion, that it is necessary to obtain professional services, including, but not limited to, attorneys; engineers; planners; architects; surveyors; court reporters; traffic, drainage or other consultants, and/or to incur costs related to any required notices or recordations, in connection with any Petition or Application filed by the Petitioner/Applicant, then the Petitioner/Applicant and Owner shall be jointly and severally liable for the payment of such professional fees and costs, as shall actually be incurred by the Sanitary District.

At the time the Petitioner/Applicant requests action from the Sanitary District, he shall deposit the following amounts with the Sanitary District as an initial deposit to collateralize the obligation for payment of such fees and expenses in the amount of fifteen thousand dollars (\$15,000.00).

As the review proceeds, the Sanitary District shall deduct incurred expenditures and costs from the funds deposited. If the remaining deposit balance falls below \$500.00, the petitioner/applicant, upon notice by the Sanitary District, shall be required to replenish the deposit to its original amount. The Petitioner/ Applicant shall replenish the deposit amount within fifteen (15) days of receipt of an invoice directing the replenishment of said deposit. Failure to remit payment within fifteen (15) days will cause all reviews to cease.

A petitioner/applicant who withdraws his petition or application may apply in writing to the Sanitary District for a refund of his initial deposit. The Sanitary District may, in its sole discretion, approve such refund less any actual fees and costs, which the Sanitary District has already paid or incurred relative to the Petition or Application.

Upon the failure to the Petitioner/Applicant or Owner to reimburse the Sanitary District in accordance with this Agreement, no further action shall be undertaken on any Petition or Application by the Sanitary District, or by any other official or quasi-deliberations, the granting of any relief or approvals, and the execution or recording of any documents, until all such outstanding fees are paid in full and/or the initial deposit is restored to its full amount.

Upon any failure to reimburse the Sanitary District in accordance with this section, the Sanitary District may in its discretion, apply any or all of the initial deposit to the outstanding balance due and/or elect to place a lien against any real property associated with the Petitioner/Applicant's Petition or Application. In the event such amounts are not paid in full within thirty (30) days after the date when the statement of such amounts due is delivered or deposited in the U.S. mail by the Sanitary District, such amounts due shall be deemed delinquent and finance charges in the amount of twelve percent (12%) per annum shall be added to the amount due until such amount due, including all delinquency charges, is received by the Sanitary District. Said lien shall be in an amount equal to the outstanding amount owed to the Sanitary District.

The remedies available to the Sanitary District as set forth hereinabove are non-exclusive and nothing herein shall be deemed to limit or waive the Sanitary District's right to seek relief of such fees against any or all are responsible parties in a court of competent jurisdiction.

Any remaining balance of funds deposited pursuant to this Agreement shall be refunded upon the later occurring of the following events: completion of Sanitary District deliberation on the petition, application or recordation of all necessary documents associated with the petition or application.

BY SIGNING BELOW, THE PETITIONER/APPLICANT AND OWNER ACKNOWLEDGE THAT EACH OF THEM HAS READ THE FOREGOING PARAGRAPHS AND EACH OF THEM FULLY UNDERSTANDS AND AGREES TO COMPLY WITH THE TERMS SET FORTH HEREIN. FURTHER, BY SIGNING BELOW, EACH SIGNATORY WARRANTS THAT HE/SHE/IT POSSESSES FULL AUTHORITY TO SO SIGN.

THE PETITIONER/APPLICANT AND OWNER AGREE THAT PETITIONER/APPLICANT AND OWNER SHALL BE JOINTLY AND SEVERALLY LIABLE FOR PAYMENT OF FEES REFERRED TO IN APPLICABLE SECTIONS OF THE ORDINANCES OF THE NORTHFIELD WOODS SANITARY DISTRICT, AND AS SET FORTH HEREIN.

Northfield Woods Sanitary District

Petitioner/Applicant

By: _____
President

Owner

Attest

Date: _____

Date: _____