



**CITY OF CHICAGO  
ZONING BOARD OF APPEALS**

**INTERESTED PARTY TESTIMONY**

Interested Party Name:

Address of Subject Property:

Date:

I have reviewed the Applicant's  **Special Use**  **Variation** application and I believe that the application  **should**  **should not** be approved by the Zoning Board of Appeals because it  **meets**  **fails to meet** the [Special Use](#) / [Variation](#) Approval Criteria under the Chicago Zoning Ordinance for the following reasons:

*This form and all presentation materials must be submitted to the ZBA no later than 72 hours prior to the ZBA meeting. If you require further assistance, please call 312-744-3888. ZBA Staff cannot provide legal advice. For legal advice, please consult a zoning attorney.*

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**SIGNATURE AND CERTIFICATION**

Under the penalty of perjury pursuant to Section 1-109 of the Illinois Code of Civil Procedure, I certify that all of my above statements and any exhibits I submitted herewith are true, correct, and complete as of the date signed to the best of my knowledge and belief. I further certify that if asked by the ZBA to further testify to or be cross-examined about this submission, I would be able to do so.

Print Name: \_\_\_\_\_  
INTERESTED PARTY (or if Legal Entity, INTERESTED PARTY'S PRINCIPAL REPRESENTATIVE)

Signature: \_\_\_\_\_  
INTERESTED PARTY/ PRINCIPAL REPRESENTATIVE

Date: \_\_\_\_\_

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