

COMMISSIONER'S ADJUSTMENT APPLICATION FOR SHARED HOUSING UNITS & VACATION RENTALS

A **"COMMISSIONER'S ADJUSTMENT"** is a waiver that allows the operation of a shared housing unit or vacation rental in three circumstances only:

1. The unit is a single-family home that is not the applicant's primary residence;
2. The unit is in a building containing 2-4 units and is not the applicant's primary residence;
3. To increase the number of units allowed for short term residential rental activity in a building containing 2-4 dwelling units.

APPROVAL CRITERIA

A Commissioner's Adjustment will only be granted when the BACP Commissioner determines that such an adjustment would **eliminate an extraordinary burden** on the applicant in light of **unique or unusual circumstances** and would not detrimentally impact the health, safety, or general welfare of surrounding property owners or the general public.

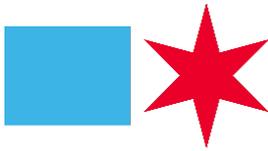
To make this determination, the BACP Commissioner will review each factor enumerated below in accordance with Municipal Code Sections 4-14-100 (for shared housing) or 4-6-300(l) (for vacation rentals). BACP will also solicit a recommendation from the Alderperson in whose ward the unit is located.

To advise the BACP Commissioner, please thoroughly address each of the following factors and how they apply to your request. Applications submitted without supporting documentation will be denied without further review:

1. **Relevant Geography:** Tell us about your community and discuss any impacts or benefits a shared housing unit may cause.
2. **Relevant Population Density:** How densely populated is your neighborhood?
3. **Degree to which the sought adjustment varies from the prevailing limitations:** How would this adjustment affect your community? Would a Commissioner's Adjustment be consistent with the current zoning?
4. **The size of the relevant building and the number of units contemplated for the proposed use:** How many units are in your building? How many shared housing or vacation rental units are currently operating in the building? What is the unit number for which you are seeking an adjustment, who owns the unit?
5. **The legal nature and history of the applicant:** List any violations of City ordinances or state law, criminal proceedings, or the like in which applicant was involved.
6. **The measures you will implement to maintain quiet and security in conjunction with the use:** How will you maintain your guest's safety and security? How will you ensure your neighbors will not be adversely affected by your short term residential rental unit?
7. **How an extraordinary economic hardship to the applicant, due to special circumstances, would be alleviated if the adjustment is granted*****
8. **Are there any police reports or other records of illegal activity or municipal code violations at the location?**
9. **Whether the affected neighbors support or object to the proposed use***:** You must show that neighbors are in support and that you have given a copy of this application to any neighbor who shares a wall with your unit. When considering this factor, greatest weight will be given to immediate neighbors.



*** Please provide documentation on these matters that you believe will be helpful for the Commissioner in making a decision. It is essential that you provide proof that your neighbors are supportive through petitions, signed letters of support, or e-mails of support from the affected neighbors. **Applications lacking this support will be denied.**



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INSTRUCTIONS

Completed Commissioner Adjustment applications must be submitted with supporting argument and any documentation as it relates to 4-14-100 and/or 4-6-300(l) to:

Department of Business Affairs and Consumer Protection (BACP)
121 N. LaSalle St., Room #805, Chicago, Illinois 60602
or via email at houseshareadjustment@cityofchicago.org

OFFICE USE: Date received: _____

- Applications are reviewed on a first come/first served basis.
- **Applications must address each of the nine (9) factors above and include supporting documentation. Failure to do so may result in a denial of the request.**
- **Applicants must use the same host name and host e-mail as used in the individual's original shared housing host application. Failure to do so may result in a denial of the request.**
- Incomplete applications will be denied.
- BACP has 60 days to review and make a determination.

APPLICANT INFORMATION

Property Address (incl. Unit Number): _____

Property Index Number (PIN): _____

Applicant Name: _____

Applicant Phone: _____

Applicant Email: _____

Ward: _____

Vacation Rental

Shared Housing Unit

Reason for Commissioner's Adjustment (Check one of the following statements)

My unit is located in a single-family home that is not my primary residence.

My unit is located in a building containing two to four units, and the unit I want to register or license is not my primary residence.

My unit is located in a building containing two to four units where the maximum allowable number of units have been licensed and/or registered.

ACKNOWLEDGEMENT

I hereby certify that the information supplied in this form is true and complete and hereby authorize the City of Chicago to make all necessary inquiries to verify its accuracy. A false statement of material fact made on this form may violate federal, state and/or local law, and may subject any person making such statement to a range of civil and criminal penalties, such as a period of incarceration, fines and an award to the City of Chicago of up to three times any damages incurred. In addition, persons who submit false information are subject to denial of the requested City action.

Signature of Applicant: _____

Date: _____

