



Village of Itasca
Community Development Department
 550 WEST IRVING PARK RD. ITASCA, IL 60143
 PHONE: 630/773-5568; FAX: 630/773-0852
 www.itasca.com

CONSULTANT SERVICES AGREEMENT

Pursuant to Section 4.05(5) of the Village of Itasca Zoning Ordinance, the Village of Itasca may use the services of professional consultants for research, investigation and professional opinion in the processing of any application.

Section 4.04(5) of the Itasca Zoning Ordinance:

CONSULTANTS: The Plan Commission/Zoning Board of Appeals and the Village Board may utilize the services of professional consultants for research, investigation, and professional opinion, for assistance in arriving at recommendations or decisions. The applicant whose request to the Plan Commission/Zoning Board of Appeals, or Village Board, requires the use of such professional services, shall reimburse the Village the reasonable cost it incurred for the services rendered by its consultants within ten (10) days after the submission of the bill by the Village. The consultants shall bill for their services at the same hourly rate which they normally charge municipal clients. The Village consultants shall include but no be limited to the persons who provide the Village with advice in the field of engineering, law, planning, traffic, design, finance, and court reporters.

I/We the applicant(s) understand that when the services of a consultant are utilized in accordance with the above section for research, investigation, professional opinion or other assistance, I/we shall pay all costs incurred within ten (10) days of submission of a bill by the Village of Itasca.

Haymarket DuPage LLC
 Name of Applicant

Michael Roth
 Agent or Attorney (if applicable)

932 W. Washington Blvd.
 Street Address

2300 Cabot Drive, suite 455
 Street Address

Chicago
 City State Zip

Lisle
 City State Zip

(312) 226-7984
 Telephone

(630) 955-6594
 Telephone

DLustig@hcenter.org
 E-Mail

michael.roth@icemiller.com
 E-Mail

SIGNATURE
 Signature of Applicant

Date: 7/1/19

Please indicate who the bills for the costs incurred for the petition should be sent to.

Applicant: Agent: Other:

If other, please complete the below information.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-Mail: _____