

**APPLICATION FOR ZONING CERTIFICATE  
(CHANGE IN THE USE OF LAND AND/OR BUILDING)  
OGLE COUNTY PLANNING & ZONING DEPARTMENT**

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DATE: \_\_\_\_\_

TO: OGLE COUNTY ZONING ADMINISTRATOR  
911 W. PINES RD.  
OREGON, IL 61061  
PHONE: (815) 732-1190      FAX: (815) 732-2229

FROM: (APPLICANT) \_\_\_\_\_  
(STREET OR RURAL ADDRESS) \_\_\_\_\_  
(CITY, STATE, ZIP) \_\_\_\_\_  
(PHONE) \_\_\_\_\_  
(OWNER IF NOT SAME AS ABOVE) \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING:**

- 1) Present use of subject parcel and/or building: \_\_\_\_\_  
\_\_\_\_\_
- 2) Proposed use of subject parcel and/or building: \_\_\_\_\_  
\_\_\_\_\_
- 3) The above use change will be located on the following parcel of land:
  - A) Property Code ( \_\_\_\_ ) - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_
  - B) Brief legal description by lot # and subdivision name (if applicable), 1/4 1/4 Section, Township and Range:  
\_\_\_\_\_  
\_\_\_\_\_
- 4) The above parcel is currently zoned: \_\_\_\_\_
- 5) Is the above parcel located in a "Special Flood Hazard Area"? \_\_\_\_ Yes \_\_\_\_ No.  
If yes, what zone? \_\_\_\_\_ Base flood elevation? \_\_\_\_\_ Ft.
- 6) Please attach a scaled and fully dimensioned site plan. The site plan must show the following:
  - A) Existing Conditions: Lot lines (property lines) of the subject parcel(s) or zoning lot(s), any existing building(s) and/or structure(s), existing off-street parking facilities, easements (drainage, utility, etc.), public right-of-way (include street or road names), and any other critical information including graphic scale and north arrow.
  - B) Proposed Use(s): Plan of proposed use(s) of subject parcel and proposed use of building(s) and/or structure(s), and proposed screening and/or landscaping as may be required. Indicate linear distances from proposed screening and/or landscaping to lot lines, street or road right-of-way lines, and existing buildings and/or structures. For minimum screening and landscaping requirement and standards, please refer to the *Ogle County Amendatory Zoning Ordinance*.

(OVER)

- C) Proposed Off-Street Parking and Loading Facilities: Provide a parking plan (see Division 7, Section 7.03 of the *Ogle County Amendatory Zoning Ordinance*) demonstrating that all requirements for off-street parking and loading pursuant to Division 7 of the *Ogle County Amendatory Zoning Ordinance* will be met.
- D) Any required landscaping and/or screening: When required (refer to the *Ogle County Amendatory Zoning Ordinance*), landscaping and screening shall be provided in accordance with the provisions and requirements of the *Ogle County Amendatory Zoning Ordinance*.

\*If a plat of survey or subdivision plat has been completed for the subject property, please complete site plan on a copy of said plat of survey or subdivision plat. Said plat of survey or subdivision plat may be xerographically enlarged or reduced to a suitable scale for completion of the site plan.

- 7) The "landscaped surface area ratio" (see Division 2, Section 2.02 of the *Ogle County Amendatory Zoning Ordinance*) of the subject site is \_\_\_\_\_.
- 8) Copy of "Drainage Permit" issued by the Ogle County Engineer. Attached?  Yes  No
- 9) Copy of septic system installation permit from the Ogle County Health Department attached, if applicable?  
 Yes  No. If "No", why? (Explain) \_\_\_\_\_  
 \_\_\_\_\_
- 10) Please submit or attach a set of construction plans for the proposed project affixed with the seal of a licensed architect or engineer and containing the *Illinois Accessibility Code* "Statement of Compliance" signed by a licensed architect or engineer.  
  
 Submitted or Attached?  Yes  No.
- 11) Any other additional information required by the Zoning Administrator.

**PLEASE SIGN BELOW.**

- 12) I certify that all of the information presented on the foregoing application and any and all other accompanying documents presented herewith, including the site plan, are complete and accurate.

(Signed) \_\_\_\_\_

.....  
 (OFFICE USE ONLY)

FEE: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_

ZONING CERTIFICATE NUMBER: \_\_\_\_\_

ONE (1) COPY TO HEALTH DEPT. \_\_\_\_\_ STATE PLUMBING INSP. \_\_\_\_\_

HEALTH DEPT. COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

HOUSE NUMBER/RURAL ADDRESS ASSIGNED: \_\_\_\_\_