

**APPLICATION FOR ZONING CERTIFICATE
(COMMERCIAL/INDUSTRIAL BUILDINGS OR STRUCTURES)
OGLE COUNTY PLANNING & ZONING DEPARTMENT**

DATE: _____

TO: OGLE COUNTY ZONING ADMINISTRATOR
911 W. PINES RD.
OREGON, IL 61061
PHONE: (815) 732-3201 EXT. 237 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) Proposed building or structure and use to be made of said building or structure: _____

- 2) The above building or structure will be located on the following described 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:

- 3) The above property is currently zoned: _____

- 4) Will the proposed building(s) or structure(s) be located in a "Special Flood Hazard Area"? ____ Yes ____ No.
If yes, what zone? _____ Base flood elevation? _____ Ft.

- 5) 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), 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 Improvements: Proposed buildings and/or structures and proposed screening and/or landscaping as may be required. Indicate linear distances from proposed building(s), structure(s), screening and/or landscaping to lot lines, street or road right-of-way lines, and existing buildings and/or structures. For minimum building setback and yard area requirements, and screening and landscaping requirement and standards, please refer to the *Ogle County Amendatory Zoning Ordinance*.
 - 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.

(OVER)

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.

6) 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.

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) Floor area of proposed building or structure: _____ Square Feet.

9) Rough dimensions of proposed building or structure: _____ Ft. x _____ Ft.

10) Height above the average elevation of the adjoining ground: _____ Ft. Number of stories: _____

11) For auditoriums, churches, clubs, lodges, meeting rooms, libraries, reading rooms, theaters, or any other facility for public assembly - Maximum capacity of proposed building or structure: _____

12) For a new commercial or industrial building - Number of employees in the largest shift: _____

13) For an addition to a commercial or industrial building or use -

A) Present number of employees in the largest shift: _____

B) Number of employees in the largest shift after said addition: _____

14) Copy of septic system installation permit from the Ogle County Health Department attached, if applicable?

Yes No. If "No", why? (Explain) _____

15) Estimated completion cost of proposed building or structure: \$ _____

16) Copy of "Drainage Permit" issued by the Ogle County Engineer. Attached? Yes No

PLEASE SIGN BELOW.

16) 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) _____

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(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: _____