

**APPLICATION FOR A "SPECIAL FLOOD HAZARD AREA DEVELOPMENT PERMIT"**

**OGLE COUNTY PLANNING & ZONING DEPARTMENT**

**911 W. Pines Rd, Oregon, IL 61061**

**PHONE: (815) 732-1190 FAX: (815) 732-3709 www.oglecounty.org**

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

(Please print)

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Owner (if not same as above): \_\_\_\_\_

1) Property Location (1/4 1/4 Section-Township-Range): \_\_\_\_\_  
\_\_\_\_\_

2) Property Index Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3) Flood Insurance Rate Map panel number: \_\_\_\_\_

4) Flood zone: \_\_\_\_\_ Base Flood Elevation (ft.): \_\_\_\_\_

5) Description of proposed development project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Estimated Completion Cost of the above project: \$ \_\_\_\_\_ .

7) Please attach the following:

- a) Scaled drawing(s) of the site (standard scale, please) or a Plat of Survey showing property dimensions and area;
- b) Existing grade elevations and all changes in grade resulting from excavation or filling;
- c) The location and dimensions of all buildings and additions to buildings;
- d) The elevation of the lowest floor (including basement) of all proposed buildings subject to the requirements of the *Ogle County Special Flood Hazard Areas Ordinance*;
- e) Permits and/or letters of approval/authorization from the U.S. Army Corps of Engineers, the Illinois Environmental Protection Agency and the Illinois Department of Natural Resources/Office of Water Resources (IDNR/OWR).  
Note: IDNR/OWR approval may be covered under a Statewide Permit. Check with Planning & Zoning Administrator.
- f) Any additional information/documentation requested by the Planning & Zoning Administrator.

8) I certify that, to the best of my knowledge, all information presented herewith and/or accompanying this application is complete and accurate.

(Signature) \_\_\_\_\_

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**OFFICE USE:**

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

NOTES/COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
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