

**APPLICATION FOR A ZONING CERTIFICATE
TO CONSTRUCT AN ACCESSORY BUILDING OR STRUCTURE**

DATE: _____

TO: OGLE COUNTY ZONING ADMINISTRATOR
911 PINES RD.
OREGON, IL 61061
PHONE: (815) 732-1190 FAX: (815) 732-3709
EMAIL: planning&zoning@oglecounty.org

FROM: (APPLICANT) _____
(MAILING ADDRESS) _____
(CITY, STATE, ZIP) _____
(PHONE) _____ (EMAIL) _____
(SITE ADDRESS IF DIFFERENT THAN MAILING) _____

PLEASE PROVIDE THE FOLLOWING:

- 1) Proposed building or structure and proposed use: _____
- 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: AG-1 IA R-1 R-2 B-1 I-1 Other: _____
- 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. Lowest Floor Elevation? ____ Ft.
- 5) Proposed Building Dimensions: ____ Ft. x ____ Ft.

Lot Size (Acres)	Maximum Building Sidewall Height	Maximum Building Height
0-.49	10 feet	22 feet
.5-1.5	12 feet	24 feet
More than 1.5 and less than 3	14 feet	26 feet
3 or more	16 feet	28 feet

- 6) Proposed building height; the vertical distance from grade to the highest point of the roof on any exterior wall facing a frontage *(No accessory building shall have more than one story): _____ Ft.
- 7) Proposed building sidewall height: _____ Ft.
- 8) Estimated building completion cost: \$ _____
- 9) Please attach a copy of an approved entrance/culvert permit from the applicable road/highway authority (i.e. township, county or IDOT) if a new roadway entrance is to be installed. Copy attached? ____ Yes ____ No
- 10) Will a floor drain be installed? ____ Yes ____ No. If yes, please contact the Health Department at 815-562-6976, #301 for application information.

- 11) Please attach a scaled and fully dimensioned site plan (appropriate standard engineering scale, please; i.e. 1" = 20', 1" = 50', 1" = 100', 1" = 200'). 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), *wells, septic systems (septic tank/seepage field line locations)*, 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 (including well and septic system, if required) and proposed driveway and culvert locations. Indicate linear distances from proposed building(s) and/or structure(s) to lot lines, street or road right-of-way lines, and existing buildings and/or structures. For minimum building setback and yard area requirements, please refer to 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 enlarged or reduced to a suitable scale for completion of the site plan.

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 are complete and accurate.

(Signed) _____

(OFFICE USE ONLY)

FEE: _____ DATE PAID: _____ RECEIPT NUMBER: _____

ZONING CERTIFICATE NUMBER: _____

HEALTH DEPT. COMMENTS: _____

Revised September 2020