

**APPLICATION FOR A ZONING CERTIFICATE
TO CONSTRUCT AN AGRICULTURAL BUILDING ON A FARM**

DATE: _____

TO: OGLE COUNTY ZONING ADMINISTRATOR
911 PINES RD.
OREGON, IL 61061
PHONE: (815) 732-1190 FAX: (815) 732-3709

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:

C) Existing site address (if any): _____

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. Lowest Floor Elevation? _____ Ft.

5) 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), existing wells, existing 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, proposed well and septic system (if required), and proposed driveway and culvert locations, including a distance from the center of culvert to nearest property line. 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 xerographically enlarged or reduced to a suitable or more convenient scale for completion of the site plan.

6) Dimensions of building: _____ Ft. x _____ Ft.

7) Proposed height above the average elevation of the adjoining ground: _____ Ft. Number of stories: _____

8) Estimated completion cost: \$ _____

(OVER)

- 9) Please attach a copy of septic system installation permit from the Ogle County Health Department, if applicable.
 Septic system installation permit number: _____
- 10) 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
- 11) If the proposed building is a "livestock management facility" or addition thereto, and is subject to the *Illinois Livestock Management Facilities Act* (510 ILCS 77/1 et seq.), please provide a copy of permits from the Illinois Department of Agriculture and/or Illinois Environmental Protection Agency authorizing construction of the building/project.
 Copy of permit(s) submitted/attached? Yes No
- 12) Will building be provided with a floor drain? Yes No

PLEASE SIGN BELOW.

- 13) 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: _____

DWELLINGS - ONE (1) COPY TO HEALTH DEPT. _____ STATE PLUMBING INSP. _____

HEALTH DEPT. COMMENTS: _____

HOUSE NUMBER ASSIGNED: _____