

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

DATE: _____

TO: OGLE COUNTY ZONING ADMINISTRATOR
911 W. 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) 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 entrance permit from applicable highway authority. Attached? Yes No
- 10) Copy of septic system installation permit from the Ogle County Health Department attached, if applicable?
 Yes No. If "No", why? (Explain) _____

- 11) Please submit or attach a set of construction plans for the proposed project affixed with the seal of a licensed architect or engineer. Note: Project must meet all applicable requirements of the "Illinois Accessibility Code".
 Submitted or Attached? Yes No.
- 12) Estimated completion cost of project: \$ _____
- 13) Any other additional information required by the Planning & Zoning Administrator.

PLEASE SIGN BELOW.

- 14) 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: _____