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 INSPI. __________________________

HEALTH DEPT. COMMENTS: ________________________________________________________________

HOUSE NUMBER/RURAL ADDRESS ASSIGNED: __________________________