

**APPLICATION FOR A ZONING CERTIFICATE
TO CONSTRUCT A RESIDENTIAL DWELLING OR DWELLING ADDITION**

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) For new dwellings, please attach or submit with this application the form titled "Realities of Rural Living in Ogle County, Illinois". Form completed and attached/submitted? ____ Yes ____ No

7) Please submit completed form titled "*Acknowledgment of State of Illinois Laws Affecting Construction of Dwellings and/or Dwelling Additions*". Form completed and attached/submitted? ____ Yes ____ No

(OVER)

- 8) Is this application being made to construct a modular home? Yes* No *If answer is "Yes", please attach documentation (recent photographs or brochure showing the front, side and rear of the manufactured home) demonstrating that all appearance standards pursuant to Section 16-6-18 (Modular Dwellings) of the Ogle County Amendatory Zoning Ordinance will be met, and that the proposed modular dwelling is on the Illinois Department of Public Health list of Illinois approved manufacturers of modular dwellings.
- 9) Rough exterior dimensions of dwelling or dwelling addition: _____ Ft. x _____ Ft.
- 10) Amount of living area: _____ Square Feet
- 11) Please attach or submit with this application a floor plan (scaled and dimensioned) for the proposed dwelling or dwelling addition.
Floor plan submitted or attached? Yes No
- 12) Proposed height above the average elevation of the adjoining ground: _____ Ft. Number of stories: _____
- 13) Estimated completion cost: \$ _____
- 14) Please attach a copy of septic system installation permit from the Ogle County Health Department, if applicable.
Septic system installation permit number: _____
- 15) Will the dwelling heating/cooling system consist of a "heat pump" and/or geothermal system? Yes No
- 16) Please attach a copy of an approved entrance/culvert permit from the applicable road/highway authority (i.e. township, county or IDOT). Copy attached? Yes No
- 17) Is proposed dwelling to be located within one-thousand feet (1,000') of an active quarry as measured from the nearest property line of the zoning lot or parcel on which quarrying can lawfully take place within the year prior to the date of this application? Yes No (If answer above is "Yes", please provide affidavit per Division 6, Section 6.23 of the *Ogle County Amendatory Zoning Ordinance*).
- 18) Is proposed dwelling to be located within one-quarter mile (one-thousand three hundred twenty feet [1,320']) of an active livestock management facility as measured from the nearest pen or enclosure housing any animals at any time within the year prior to the date of this application? Yes No
- 19) For dwellings constructed on parcels created after 1/ 1/00 in the Meridian, Oregon and Byron USD, 10/21/03 in the Rochelle (GSD/HSD) school districts, 12/16/03 in the Kings CSD, 6/15/04 in the Eswood CCGSD, 7/19/05 in the Creston CCSD, 7/18/06 in the Forrestville CUSD, and 1/26/07 in the Ashton-Franklin Center USD, school impact fees are required to be paid to the Regional Office of Education, payment of which will be accepted by the Ogle County Planning & Zoning Department.
Receipt of payment attached? Yes No
- 20) For dwellings constructed in subdivisions platted after October 15, 2002 in the Stillman Fire Protection District, fire protection district impact fees are required to be paid to the fire protection district office. Receipt of payment attached? Yes No

PLEASE SIGN BELOW.

- 21) 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) _____

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(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: _____