

**APPLICATION FOR ZONING CERTIFICATE  
(HOME OCCUPATION - HOME SHARE LODGING ESTABLISHMENT)  
OGLE COUNTY PLANNING & ZONING DEPARTMENT**

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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 INFORMATION:**

- 1) The above home occupation 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:  
\_\_\_\_\_  
\_\_\_\_\_
- 2) The above property is currently zoned: \_\_\_\_\_
- 3) I hereby certify that all of the following performance requirements will be met in conducting the home occupation or profession applied for herein:
  - A) No person other than a member of the immediate family residing on the premises shall be employed in connection with the occupation or profession;
  - B) A sign may be attached to the dwelling with a maximum area of one (1) square foot;
  - C) There shall be no display that would indicate from the exterior that the building is being utilized in whole or in part for any purpose other than that of the dwelling except a sign as allowed above;
  - D) No material or equipment shall be used that may constitute a hazard, create a nuisance, or interfere with the reception of broadcast signals;
  - E) All material, equipment, merchandise or work-in-process shall be wholly enclosed within the dwelling or accessory building;
  - F) The entrance to the space devoted to the home occupation shall be from within the dwelling and the portion of the dwelling devoted to such occupation shall not exceed thirty percent (30%) of the gross floor area of the dwelling;
  - G) The occupation or profession shall not generate excess traffic or create parking congestion.

4) I hereby certify that all of the following performance requirements specific to a “home share lodging establishment” either are or will be met:

- (1) The lodging room shall accommodate no more than two (2) persons per night;
- (2) No meals may be provided to guests of the establishment;
- (3) Manual fire extinguishing equipment shall be provided on each floor in accordance with NFPA 10 - Standards for the Installation of Portable Fire Extinguishers;
- (4) All combustibles or flammable liquids shall be stored in approved containers. No combustible storage shall occur in or under stairways;
- (5) All trash containers shall be metal;
- (6) No cooking facilities shall be permitted in guest rooms;
- (7) All hallways and stairways shall be adequately lighted;
- (8) No portable heating devices shall be permitted in guest rooms;
- (9) The owner of the home share lodging establishment shall submit a complete floor plan of the establishment to the local fire department or fire protection district;
- (10) Smoke detectors and carbon monoxide (CO) detectors shall be provided pursuant to the Illinois Smoke Detector Act and Illinois Carbon Monoxide Alarm Detector Act;
- (11) The owner of the home share lodging establishment shall provide proof of adequate liability insurance.
- (12) The Zoning Administrator or his designee shall conduct an inspection of the premises prior to issuance of a Zoning Certificate authorizing the Home Occupation to determine compliance with the above requirements.
- (13) The Zoning Certificate authorizing the Home Occupation shall be valid for a period of twenty-four (24) months, after which a new Zoning Certificate shall be secured in the same manner as the initial Zoning Certificate.

5) I further certify that I have read, understand and will comply with the above Home Occupation performance requirements and the performance requirements specific to a “home share lodging establishment”, and 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: \_\_\_\_\_

HEALTH DEPARTMENT COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_