

APPLICATION -MUST- BE COMPLETELY FILLED OUT W/A SITE PLAN ATTACHED IN ORDER TO PROCESS.

Permit No. _____

Provided by Office Staff



Date Stamp Received:

Re-Submitted Date: ____/____/____
(if applicable)

PLANNING & ZONING

Phone: (815) 319-4350 ▪ Fax: (815) 319-4351

Administration Building ▪ 404 Elm Street ▪ Room 403 ▪ Rockford, Illinois 61101

APPLICATION FOR COUNTY ZONING CLEARANCE/PERMIT

NOTE: This application must be completed in ink or typed in its entirety. Application and signature give permission to the County Planning and Zoning Officer, or designee, to visit the subject property with regard to this permit.

NOTE: This clearance/permit will expire within sixty (60) days from the date of issuance if a building permit has not been issued or construction has not commenced.

Applicant: _____ Daytime Phone No.: _____

Email Address: _____

Property Owner: _____ Daytime Phone No.: _____

Address of the Property for which Application is being submitted:

PIN #: _____ - _____ - _____ - _____ PIN #: _____ - _____ - _____ - _____
(If PIN(s) is(are) unknown, please ask for assistance)

Is the Subject Property in a Platted Subdivision? YES NO

Subdivision Name: _____ Lot No. _____
(if applicable)

Indicate how the Subject Property is presently used: **(mark the box(es) that apply)**

Residential Commercial Industrial Agricultural Other: _____

Indicate the proposed structures and/or uses for which this Application is being submitted (i.e. detached garage for personal residential storage, detached garage for commercial business storage):

Has there been any construction activity related to the above proposal? YES NO

of Items Applied For: _____ ZONING FEE: \$ _____

Address:

This application is for the following type of structure(s)/use(s) (mark the box/es and circle all that apply):

* **Primary structure/use** includes but not limited to a single family home, single family home addition or 3/4 season room, industrial or commercial building/use.

** **Accessory structure/use** includes but not limited to a shed, pole building, detached garage, deck, patio, fence, pool, driveway, parking lot, canopy, solar panels, sign or a wind energy system.

What is the **height** of the ***primary** structure? _____ ft _____ in
(grade to peak)

What is the **square footage** of the ***primary** structure's **footprint**? _____ sq ft

What is the **height** of the proposed ****accessory** structure? _____ ft _____ in
(grade to peak) (if permit is only for a primary, write NA)

What is the **square footage** of the proposed ****accessory** structure? _____ sq ft
(if permit is only for a primary, write NA)

How many acres of soil will be disturbed by the construction of the proposed use(s) and/or structure(s)?

less than one (1) acre of soil disturbed one (1) acre or greater of soil disturbed

How is / will your site be served (mark all that apply)?

well septic public water public sewer

Proposed Setbacks:	Structure / Use:	FRONT	SIDE	SIDE	REAR
(1)	_____	_____ feet	_____ feet	_____ feet	_____ feet
<i>(If applicable)</i> (2)	_____	_____ feet	_____ feet	_____ feet	_____ feet
<i>(If applicable)</i> (3)	_____	_____ feet	_____ feet	_____ feet	_____ feet

SITE PLAN REQUIRED: Please use a separate sheet to submit a detailed site plan showing the measurements of the property, dimensions of existing and proposed buildings, septic field location, building setbacks, and street name(s). **If you need assistance with regard to this requirement, staff can provide you with an aerial photo site plan to scale to fulfill this requirement.**

The Applicant's submittal of the information requested herein and their signature below indicates that the information in this application and any accompanying documents are true, accurate and correct to the best of their knowledge. Any discrepancies will result with the revocation of this zoning permit, work stoppage of the building permit, or other procedural delays.

Signature of Owner or Authorized Agent

Date

Mailing Address (Street, City and Zip Code)

ADMINISTRATIVE APPROVAL PAGE

TO BE COMPLETED BY STAFF

Site Address: _____ P.I.N. #: _____ - _____ - _____ - _____

Zoning District: _____ Lot Width *meets District Minimums at BSL*: Yes No

Lot Width at ROW: _____

Lot of Record (AG Districts): NA Yes Improved lot of record lawfully altered after June 24, 1982.
(ONLY FOR RESIDENTIAL USE)

Lot Area: _____ Recorded Plat WinGIS attach the Plat when lot is in subdivision.

Meets District lot minimum. Does not meet District lot minimum, but Section 21.3.2 C of UDO applies.
(established lot recorded as 10-9-80; 75% rule; does not apply to AG Districts)

Does not meet District lot minimum, but Section 21.3.3 of UDO applies.
(vacant nonconforming lot recorded after 10-9-80; does not apply to AG Districts)

Is the proposed use(s)/structure(s) in the **100 yr. flood plain** or a **commercial/industrial improvement** (over a pervious area)?

No Yes if yes, attach the County Engineer's approval (documentation).

APPROVED for: _____

in accordance with the attached site plan(s) and below *approved* height and *approved* setbacks:

Subject Structure (Use)	Height	Setbacks			
		FRONT ()	SIDE ()	SIDE ()	REAR ()
(1) _____	____ ft ____ in	____ ft ____ in	____ ft ____ in	____ ft ____ in	____ ft ____ in
(2) _____	____ ft ____ in	____ ft ____ in	____ ft ____ in	____ ft ____ in	____ ft ____ in
(3) _____	____ ft ____ in	____ ft ____ in	____ ft ____ in	____ ft ____ in	____ ft ____ in

and subject to: *Compliance with all applicable codes and ordinances is required.*

Signature of Planning and Zoning Officer or Designated Representative

Date

of Items
Applied For

Revised Approval Signature (if a change occurs after initial approval, and permit has not yet expired or extended by new fee)

Date