

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

Permit No. _____
Provided by Office Staff



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 gives permission to the County Planning and Zoning Officer, or designee, to visit the subject property at any time.

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.

Address:

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 (i.e. residential, commercial, industrial or agricultural):

Indicate what structures presently occupy the Subject Property (i.e. residence, shed, fence, barn, office bldg.):

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 any construction taken place related to this Application or is the activity already established? YES NO

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

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

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

What is the **height** of the *primary structure? _____ ft Existing Proposed
(grade to peak) (if permit is only for an accessory, select existing) (if permit is altering or for a new primary, select proposed)

What is the **square footage** of the *primary structure's **footprint**? _____
(existing; if site is vacant, write NA) (proposed; if not applicable, write NA)

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

What is the **square footage** of the proposed **accessory structure? _____
(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: _____ Front: _____ Side: _____ Side: _____ Rear: _____
(structure/use 1)

_____ Front: _____ Side: _____ Side: _____ Rear: _____
(structure/use 2, if applicable)

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)

**THIS PAGE TO BE COMPLETED BY
PLANNING AND ZONING OFFICE PERSONNEL**

Zoning District: _____ Lot Width at BSL: _____ at ROW: _____
 Above meets District minimum(s).

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

Lot Area: _____

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)

Approved Setbacks: _____ Front: _____ Side: _____ Side: _____ Rear: _____
(structure/use 1)

_____ Front: _____ Side: _____ Side: _____ Rear: _____
(structure/use 2, if applicable)

Proposed Structure: Permitted / Not Permitted Proposed Use: Permitted / Not Permitted

Is the proposed use(s) / structure(s) in the 100 yr. flood plain? Yes No

If the proposed use(s) / structure(s) is(are) in a 100 yr. floodplain, floodplain approval must be obtained from the County Engineer or designee and attached to this form prior to a zoning / building permit being issued.

APPROVED / DENIED for: _____

Subject to the following additional remarks:

Compliance with all applicable codes and ordinances is required.

Signature of Planning and Zoning Officer or Designated Representative Date: _____