

(Execute in Duplicate)

Application For Certificate of Zoning Compliance

St. Clair County
Building & Zoning Department
Office of Director
10 Public Square Belleville IL 62220-1623

Zoning Application No.: _____

Application Date: _____

Permanent Parcel No: _____

Zoning fee Paid to: St. Clair County Treasurer \$ _____

Date Paid: _____

Instructions to Applicants: All information required by this application must be completed and submitted herewith. Applicants are encouraged to visit the Office of Director of Building & Zoning for any assistance needed in completing this form.

1. Name of Owner(s): _____ Phone No.: _____

Address: _____

STREET

CITY

ZIP CODE

2. Applicant(s) Name: _____ Phone No.: _____

Address: _____

STREET

CITY

ZIP CODE

3. Property interest of applicant:

Owner Lessee Contractor Other: _____

4. Address of proposed construction: _____

5. Subdivision: _____ Lot Number: _____

6. Proposed improvement (Check applicable items):

- | | |
|--|--|
| <input type="checkbox"/> Single Family Residence | <input type="checkbox"/> Attached Garage |
| <input type="checkbox"/> Detached Garage | <input type="checkbox"/> Basement |
| <input type="checkbox"/> Residential Addition | <input type="checkbox"/> Residential Remodel |
| <input type="checkbox"/> Mobile Home: Year _____ <input type="checkbox"/> Title Attached | <input type="checkbox"/> Garage Addition |
| <input type="checkbox"/> Modular Home | <input type="checkbox"/> 2 or 3 Family Residence |
| <input type="checkbox"/> Multi-Family No. of Units _____ | <input type="checkbox"/> Carport |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Portable Storage Shed |
| <input type="checkbox"/> Pole Barn | <input type="checkbox"/> Pole Barn Addition |
| <input type="checkbox"/> Solar Roof Mount | <input type="checkbox"/> Solar Ground Mount |
| <input type="checkbox"/> Commercial (explain): _____ | |
| <input type="checkbox"/> Commercial Addition (explain): _____ | |
| <input type="checkbox"/> Other (explain): _____ | |
| <input type="checkbox"/> Brick | |
| <input type="checkbox"/> Frame | |
| <input type="checkbox"/> Metal | |

7. No. of Rooms: _____ No. of Stories: _____ Cost of Improvement: _____

Dimensions and Sq. Ft. of Improvement: _____

8. Utilities Public Water Public Sewer Service Well or Cistern Septic Tank/Aeration None

9. Is any type of business presently operated at this location:

Yes (Type) _____ No

10. Zone district classification: _____

11. 100 year flood classification: _____

12. Use of existing structures:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Business (Type): _____ |
| <input type="checkbox"/> Multi-Family | <input type="checkbox"/> Industrial (Type): _____ |
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Vacant | |

13. Attach or draw below two copies of a site plan showing the following information:

Dimensions of: Lot, buildings, driveways, and off-street parking spaces.

Distance between: Buildings and front, side, and rear lot lines;

Principal building and accessory buildings;

Principal building and principal buildings on adjacent lots.

Location of: Signs, easements, underground utilities, septic tanks, tile fields, water wells, etc.

Any additional information as may reasonably be required by the Director of Zoning and applicable requirements of Section 2.04 (e).

1/4 INCH EQUALS 5 FEET

14. Application is hereby made for a Temporary Certificate of Zoning Compliance as required under the Zoning Ordinance of St. Clair County, Illinois, for the erection, moving or alteration, and use of buildings and premises. In making this application the applicant represents all of the above statements and any attached maps and drawings to be a true description of the proposed new or altered uses and / or buildings. The applicant agrees that the permit applied for, if granted, is issued on the representations made herein and that any permit issued may be revoked without notice on any breach of representation or conditions.

It is understood that any permit issued on this application will not grant right or privileges to erect any structure or to use any premises described for any purpose or in any manner prohibited by the Zoning Ordinance, or by the other ordinances, codes or regulations of St. Clair County, Illinois.

Applicant: _____

TEMPORARY CERTIFICATE OF ZONING COMPLIANCE

The plans and specifications submitted with this Application are in conformity with the zone district requirements applicable to the subject property. Changes in plans or specifications shall not be made without written approval of the appropriate county officials.

Failure to comply with the above shall constitute a violation of the provisions of the St. Clair County Zoning Ordinance.

Permit issued this _____ day of _____, 20_____.

Director, Department of Zoning
St. Clair County, Illinois.