

Champaign County
 Department of
PLANNING & ZONING
 1776 E. Washington Street
 Urbana, Illinois 61802

Telephone: (217) 384-3708
 FAX: (217) 819-4021

Hours: 8:00 a.m. - 4:30 p.m.

FOR OFFICE USE ONLY

Township _____
 Section _____ T _____ R _____
 Tax Parcel No. _____
 Permit Application No. _____
 Receipt No. _____ Fee _____
 Date _____ Zoning District _____
 Lot Area _____

**ZONING USE PERMIT APPLICATION
 and APPLICATION FOR ZONING COMPLIANCE CERTIFICATE**

1. INSTRUCTIONS TO APPLICANTS:

All information requested must be completed on this application. Applicants are encouraged to visit this office and assistance will be given in filling out this form. If possible, please call (217) 384-3708 for an appointment to avoid delays.

Application is hereby made for a ZONING USE PERMIT and a ZONING COMPLIANCE CERTIFICATE, if required under the Zoning Ordinance. In making this application the applicant represents that all the following statements and any attached maps and drawings are a true description of the proposed new or altered uses and/or structures. The applicant agrees that the permit applied for, if granted, is issued based on the content of this application and that any permit issued may be revoked if any information contained in this application is found to be false or inaccurate.

A permit issued pursuant to this application grants only the right to erect structures or to use any premises described in the application and to erect no other structures or conduct any other use nor relieve the applicant from obtaining any other permit required by the Zoning Ordinance, or by other ordinances, codes or regulations of the County of Champaign, Illinois.

The applicant further agrees to notify the Zoning Administrator at the completion of the construction stated on any permit. The Zoning Administrator shall, upon completion of construction, inspect the premises and issue or refuse a ZONING COMPLIANCE CERTIFICATE. It is further understood that unless construction is started within 180 days and unless it is substantially completed within 365 days, this permit shall become null and void according to Section 9.1.2(D) of the Zoning Regulations.

2. IDENTIFICATION - To be completed by all applicants:

	NAME	MAILING ADDRESS	ZIP CODE	PHONE NO.
Owner/Lessee				
Contractor				
Architect/Engineer				

3. LOCATION OF PROPOSED CONSTRUCTION:

Address of Proposed Construction: _____

Legal Description of Property: _____

(description by metes and bounds or lot number, block number and name of subdivision - attach additional sheets if necessary)

4. TAX PARCEL NUMBER: _____

Construction is located in the _____ Zoning District.

Lot Area (Acres or Square Feet): _____

Estimated cost of construction: _____

5. PROPOSED CONSTRUCTION:

- A. () New Building B. () Alterations or additions to existing buildings
 C. () Other: _____

6. USE OF EXISTING AND PROPOSED STRUCTURES:

Existing Use: _____
 (Commercial, industrial, residential, agricultural, vacant lot, etc.)

Proposed Use (check all that apply):

RESIDENTIAL

NONRESIDENTIAL

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><input type="checkbox"/> One family</p> <p><input type="checkbox"/> Two or more family -
enter number of units _____</p> <p><input type="checkbox"/> Transient Motel, Motel, or dormitory -
enter number of units _____</p> <p><input type="checkbox"/> Garage - attached</p> <p><input type="checkbox"/> Garage - detached</p> <p><input type="checkbox"/> Carport</p> <p><input type="checkbox"/> Other - specify _____</p> <p><input type="checkbox"/> Basement _____</p> | <p><input type="checkbox"/> Amusement, recreational</p> <p><input type="checkbox"/> Church, other religious</p> <p><input type="checkbox"/> Parking garage</p> <p><input type="checkbox"/> Service station, repair garage</p> <p><input type="checkbox"/> Hospital, institutional</p> <p><input type="checkbox"/> Office, bank, professional</p> <p><input type="checkbox"/> Public utility</p> <p><input type="checkbox"/> School, library, other educational</p> <p><input type="checkbox"/> Stores, mercantile</p> <p><input type="checkbox"/> Towers, tanks</p> <p><input type="checkbox"/> Other - specify _____</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

7. SPECIFICATIONS AND PLANS: READ CAREFULLY BEFORE FILLING IN

A. SPECIFICATIONS: For each building, structure, or use (existing and proposed) identify on the plat (see below) the following information, if applicable:

Structure	Height in Feet	No. of Stories	No. of Dwelling Units	Area in Square Feet*	No. of Parking Spaces	Source of Water Supply	Means of Disposal
Existing							
Proposed							

* Include all interior areas (including basement & attached garage) and all exterior covered porches.

*****THE FOLLOWING INFORMATION MUST BE PROVIDED*****

B. SITE OR PLOT PLAN - For Applicant Use

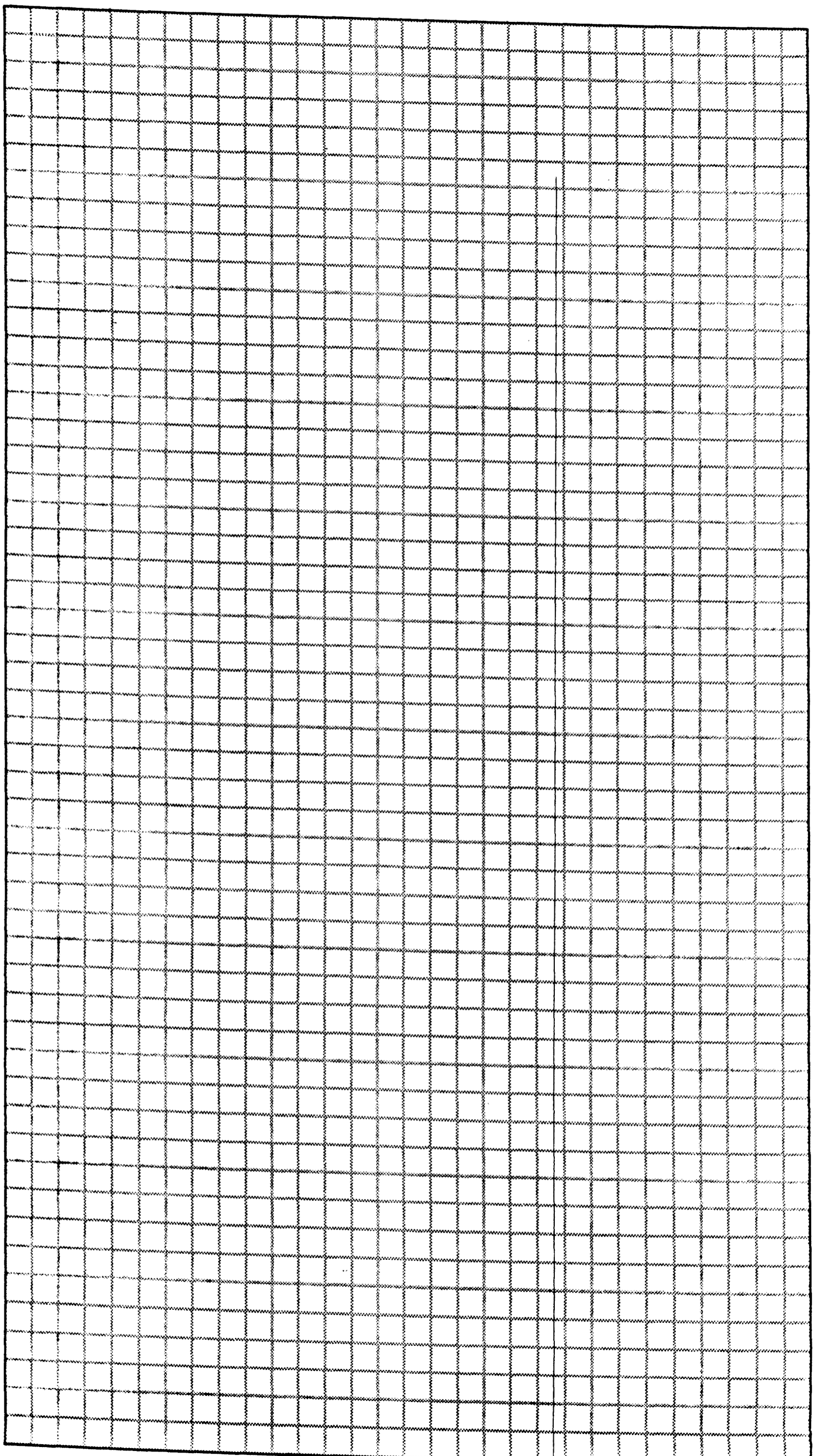
A plat drawn to approximate scale is attached and shows the following:

- 1) Actual shape and size of lot or property (including overall dimensions)
- 2) Label adjacent streets and roads (by number or name)
- 3) Location and dimensions of any known easements and water bodies
- 4) Location, ground area, dimensions, and identification of use of all (existing and proposed) buildings, structure, driveways, parking areas
- 5) Dimensions of front, side, and rear yards
- 6) Location of well and septic system (if any)
- 7) Commercial projects – signed, sealed set of plans indicating IEBA/ADA compliance

NOTE: 1) **Dimensions of buildings & yards should total the overall dimensions of the lot.**
 2) **Residential Accessory buildings that are more than 1,000 sq.ft. in area must have floor plans or indicate interior walls on the site plan.**

Include a copy of any permits from other agencies (e.g., Environmental Protection Agency) which may be required to approve these facilities.

SITE PLANS MAY BE DRAWN ON THE FOLLOWING PAGE OR ATTACHED AS A SEPARATE DOCUMENT- NO LARGER THAN 11" x 17".



7. The signature below shall evidence the agreement of the owner to abide by all requirements of the Champaign County Zoning Ordinance and if signed by the owner's agent, or officer of the legal ownership, shall be a representation by the applicant that he or she is authorized to act on behalf of the owner and oblige the owner to all responsibilities imposed by this Ordinance.

The signature shall also evidence the agreement of the owner to expressly grant permission to the representatives of the Champaign County Planning and Zoning Department to enter the premises under development at reasonable times, for the purpose of inspection to ensure compliance with the Champaign County Zoning Ordinance.

Date _____

Signature _____

NOTE: Neither a Zoning Use Permit Application nor a Receipt authorize construction and construction without a valid Zoning Use Permit is a violation of the *Champaign County Zoning Ordinance* punishable by a fine of up to \$500 per day.

Owner Officer Agent

DO NOT WRITE BELOW THIS LINE

Use per Section 5.2: Single Family Home _____

Other _____

Permit issued () Permit Number _____ Date _____

Permit denied () Cause: _____

Floodplain _____ Yes _____ No Panel No. 170894 _____ B/C

Signature of Enforcing Officer

ADDITIONAL COMMENTS:

NOTICE OF COMPLETION OF CONSTRUCTION: _____ Date: _____

Zoning Compliance Certificate Issued () Certificate No. _____ Date: _____

Zoning Compliance Certificate Denied () Cause: _____

Signature of Enforcing Officer

ADDITIONAL COMMENTS:

