



City of Carlinville

Zoning Variance Application

INSTRUCTIONS FOR SUBMISSION OF VARIANCE REQUESTS TO ZONING COMMISSION

The Zoning Commission meets the second Monday of each month, at 7:00 p.m. in City Hall Council Chambers, 550 North Broad Street, Carlinville, Illinois.

Most Variance requests require a Public Hearing to be held by the Planning/Zoning Commission.

In order for your Public Hearing to be scheduled, you **MUST** submit the following items to the Zoning Administrator at least 4 weeks before the scheduled meeting.

1. The cost for the Public Hearing is \$50.00, and the applicant is required to pay for the cost of publication fee to post notice of the Hearing in the local newspaper. Checks may be made payable to the City of Carlinville.
2. A completed Zoning Variance Application requesting the necessary variance. All information provided must be accurate and complete. Questions about the application should be directed to the Zoning Administrator.
3. The property owner must sign the application.
4. You must call the Zoning Administrator at (217) 854-4076 to verify the exact cut-off date for submission of your application and to set an appointment with the Zoning Administrator to discuss this application request. The Zoning Administrator is available Monday - Friday 8:30 – 12:30p.m.
5. A site plan, **TO SCALE**, depicting your lot, location of all building/structures and all pertinent dimensions must be reviewed with the applicant and the Zoning Administrator at the time of your appointment, before the final submission date.
6. You or your representative is advised to attend the Zoning Commission meeting. You may be asked to provide additional information at the meeting.

At least four concurring votes by the members of the Planning Commission are required for your application to be approved and recommended to council. If your application is denied, you may appeal the decision to the City Council.

After either the Zoning Commission or City Council approves your petition, you must obtain all necessary permits from the Zoning Administrator with regard to your project.

A variance is good for six (6) months and must be acted upon within this time frame or it will be void.

TO THE CARLINVILLE ZONING COMMISSION:

1. **Name & Address of Owner** _____
And applicant if different _____

Telephone _____

2. **Common address of the property if different from address above:**

3. **What classification is the property currently zoned?** _____

4. **Brief Project Description:** _____

5. **Code Requirements Involved:** _____

6. **Variance Requested:** _____

7. **State in detail the reasons for the variance requested** (e.g., other structures in way, yard not big enough to accommodate, adding to existing structure, etc.)

8. **State reasons to justify approval by the Zoning Commission:**

A. State why the property in question cannot yield a reasonable return if the district regulations are strictly applied:

B. State why your plight is due to peculiar circumstances not of your own making:

C. State if the variance would be detrimental to the public health, safety and welfare:

9. **Attach a plot plan or drawing** indicating the location of the premises and the nature of the variation. This plan or drawing must accompany a request for variance. Applicants may also want to prepare maps, or use photographs in presenting the information to the Planning Commission.

10. **Signatures of neighboring property owners** should be provided as follows:

Signatures should include property owners of all property affected by the variance requested. This includes the signatures of all property owners on the opposite side of the street immediately facing said property. Other signatures from the area are acceptable as well.

“I have no objections to the City of Carlinville, IL, granting the variance as requested above.”

Name _____ Address/Ph # _____ Date _____

Name _____ Address/Ph # _____ Date _____

Name _____ Address/Ph # _____ Date _____

Name _____ Address/Ph # _____ Date _____

I solemnly promise that all of the above is true to the best of my knowledge.

Signature of Applicant

Date

Mailing Address

Phone Number

For Office Use Only:

Variance Approved by Planning Commission

Date: _____

Variance Denied by Planning Commission

Date: _____

Public Hearing Held

Date: _____

Variance Approved Denied by Council

Date: _____
