



# City of Carlinville

# Zoning Variance Application

## INSTRUCTIONS FOR SUBMISSION OF VARIANCE REQUESTS TO ZONING COMMISSION

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

In order for your application for variance(s) to be placed on the agenda, you **MUST** submit the following items to the Zoning Administrator at least 5 working days before the scheduled meeting.

1. A filing fee is charged for a variance according to each project. 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 at various times from 8:30 a.m. – 4:30 p.m., Monday through Friday.
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 are 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.)

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

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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.



