



City of Carlinville Application for RePlatting or Subdivision of Property

INSTRUCTIONS FOR APPLICATION

To have an application processed you must:

1. Submit completed application to the Zoning Administrator, City Hall, 560 N. Broad Street, Carlinville, IL 62626.
2. A filing fee is charged. Checks may be made payable to the City of Carlinville.
3. The Zoning Inspector will review the application for zoning compliance and visit the applicant's property for initial inspection. Applicant agrees to allow Zoning Administrator access to the property for measurement and photographs.
4. If the Zoning Administrator, in the course of initial review or inspection, determines the project would violate existing zoning requirements, the applicant will be advised of the potential violation and any appropriate recourse.
5. The applicant may need to meet with the Zoning Administrator to provide more information at City Hall or at the applicant's property.
6. A Public Hearing will be held for all rezoning of property. A date will be set and the Zoning Administrator will notify the applicant.
7. After the Public Hearing the Zoning Commission will make a decision to approve or deny the application. If approved, the application will go forward to the following City Council meeting for approval.
8. The applicant will have the right to appeal any denial by the Zoning Commission and take their application forward to the City Council.
9. Contact Beth Toon, Zoning Administrator with all questions at 217-854-4076.

Application for RePlatting and Subdividing of Property

Application Date _____

Name & Address of Applicant

Telephone

**Name & Address of Owner
(if not Applicant)**

Subdivision _____

Lot No. _____

Lot Size _____

Classification Property is currently Zoned

- | | | | |
|---|--------------------------|-------------------------|--------------------------|
| Agricultural & Open Land | <input type="checkbox"/> | Neighborhood Commercial | <input type="checkbox"/> |
| Single Family Residential | <input type="checkbox"/> | General Commercial | <input type="checkbox"/> |
| Multi-Family | <input type="checkbox"/> | Industrial | <input type="checkbox"/> |
| Mobile Home Park | <input type="checkbox"/> | City Parks | <input type="checkbox"/> |
| Governmental, Educational & Religion | <input type="checkbox"/> | | |

Reason for Subdividing of property.



Signature of Applicant _____

Date _____

Recieved: _____
Zoning Administrator

Date _____

Date set for Public Hearing _____

For Office Use:

\$ _____ *fee paid* _____ # _____

Approved by Zoning Commission Date _____

Denied by Zoning Commission Date _____

Approved by City Council Date _____

Denied by City Council Date _____