



APPLICATION FOR ZONING CERTIFICATE

For Office Use Only:

Date received: _____

Time and Initials: _____

Certificate No: _____

PROPERTY INFORMATION:

Street Address: _____ Parcel ID Number: _____ - _____ - _____ - _____

Current Zoning District: _____ Acreage or Square Footage: _____

DEVELOPMENT INFORMATION:

Current Use: _____ Proposed: _____

Building Square Footage Existing: _____ Proposed: _____

Height: _____ Proposed: _____

Number Parking Spaces: _____ Proposed: _____

Accessible Spaces Existing: _____ Proposed: _____

REQUEST Zoning Certificate (Circle all that apply and refer to applicable checklist):

<u>RESIDENTIAL CONSTRUCTION</u>	<u>SIGN</u>	<u>SPECIAL PERMIT</u>	<u>WIRELESS COMMUNICATION FACILITY</u>
Accessory Structure - \$120	Sign – Permanent - \$120 plus \$50 each additional	Convenience Cash Store - \$120 Front Yard Fence - \$125	Collocation/Antenna - \$625
Addition - \$120	Sign – Off premise (less than 300 square feet) - \$120	Group Occupancy - \$120 Home Occupation - \$120	Equipment Shelter - \$625
New Construction - \$120	Sign – Temporary \$120	Tent – No fee Transfer of Property - \$120 Transfer of Property (Nonconforming) - \$200 Verification - \$120	New Tower - \$1,250
OTHER (specify): _____			

APPLICANT INFORMATION:

OWNER/TENANT (PRINT): _____

Address, City, State, Zip+4: _____

Phone: (____) _____ FAX: _____

Email: _____

Signature*: _____ Date: _____

**By signing this form, I certify that the information provided is true and correct. I understand that the Zoning Certificate is being issued based upon the information I have provided on the application; that the certificate will not be valid if the application is found to be untrue or incorrect; and that enforcement action will ensue if the application or improvements are determined to be illegal. Planning and Growth Management phone: (309) 494-8600.*

**CONTRACTOR/AGENT (PRINT): _____

Address, City, State, Zip+4: _____

Phone: (____) _____ FAX: _____

Email: _____

Signature*: _____ Date: _____

***Contractor agrees to perform the above work in accordance with the plans, specifications and ordinances of the City of Peoria and to notify the Inspections Department when ready for inspection. Violation of the above shall subject the person to fines and penalties. Building Inspections phone: (309) 494-8620.*

PLEASE SEE REVERSE SIDE

CHECKLISTS FOR REQUIRED SUBMISSIONS

Initial each required item and include on the site plan or on a clearly legible attachment. We will not be able to accept applications without all required submissions. Checklist includes minimum requirements; refer to the Zoning Ordinance or Land Development Code for complete regulations.

<u>SITE PLAN REQUIRED FOR ALL APPLICATIONS (except Verifications)</u>			
<input type="checkbox"/> 8 1/2" x 11" Site Plan drawn to identifiable engineer or architect scale <input type="checkbox"/> North arrow <input type="checkbox"/> All property lines <input type="checkbox"/> Adjacent streets, alley and sidewalks		<input type="checkbox"/> Exact location of all existing buildings, including attached garages, detached garages, decks, sunrooms, pools and sheds. <input type="checkbox"/> All parking areas and driveways. Indicate surface material. <input type="checkbox"/> The proposed structure (includes signs) and the distance the structure will be from all property lines and other structures	
<u>RESIDENTIAL CONSTRUCTION</u>	<u>SIGN</u>	<u>SPECIAL PERMIT</u>	<u>WIRELESS COMMUNICATION FACILITY</u>
Accessory Structure, Addition or New Construction New home construction in the Land Development Code area: <input type="checkbox"/> Photographs of each house on the same block <input type="checkbox"/> Building elevation of proposed house or porch	All Signs <input type="checkbox"/> Indicate type of sign <input type="checkbox"/> View of proposed sign <input type="checkbox"/> Area and height of sign (sq ft) <input type="checkbox"/> Show entire façade (wall) <input type="checkbox"/> Indicate location on site plan <input type="checkbox"/> Setback encroachment agreement (if applicable) Sign – Off-premise <input type="checkbox"/> Show spacing to signs <input type="checkbox"/> Landscaping <input type="checkbox"/> Frontage Sign – Permanent <input type="checkbox"/> Indicate if wall, freestanding, or awning. If multiple message center: <input type="checkbox"/> Indicate frequency of change <input type="checkbox"/> Instantaneous transition <input type="checkbox"/> Automatic dimming device <input type="checkbox"/> Max. 500 nighttime nits <input type="checkbox"/> Max. 5,000 daytime nits Sign – Temporary <input type="checkbox"/> (Circle) Banner, Balloon, Pennants <input type="checkbox"/> (Circle) Pole, Wall or Fence Mounted <input type="checkbox"/> (Circle) Inflatable <input type="checkbox"/> Area of the wall/fence <input type="checkbox"/> Façade elevation + dimensions String Pennants <input type="checkbox"/> Copy of business license or other information indicating a new business	Convenience Cash Store <input type="checkbox"/> Indicate business has all required licenses. <input type="checkbox"/> Indicate percentage of loans to available services <input type="checkbox"/> Provide documentation that not within 1,500 feet of another convenience cash business Front Yard Fence <input type="checkbox"/> Material and type <input type="checkbox"/> Height and openness Group Occupancy <input type="checkbox"/> Indicate if Group Care or Family Care <input type="checkbox"/> Number of residents <input type="checkbox"/> Indicate compliance with applicable codes <input type="checkbox"/> Include copy of applicable licenses Home Occupation <input type="checkbox"/> Show location on site plan with floor plan <input type="checkbox"/> No nonresident employees <input type="checkbox"/> Required off-street parking is provided <input type="checkbox"/> Not auto or engine related <input type="checkbox"/> No on-site storage of construction or landscape goods and materials <input type="checkbox"/> No emissions <input type="checkbox"/> No hazardous materials <input type="checkbox"/> Max. one vehicle for home occupation use <input type="checkbox"/> No visitors 10 p.m. to 7 a.m., no more than 8 in 24 hrs., no more than 4 at one time <input type="checkbox"/> No direct sales <input type="checkbox"/> Storage limited to 250 square feet <input type="checkbox"/> Deliveries limited to 9 – 5 a.m., max. 20,000 lb vehicle Transfer of Property (Multi-Family) <input type="checkbox"/> Photo of façade <input type="checkbox"/> Documentation of continuous use	Collocation/Antenna, Equipment Shelter, and New Tower <input type="checkbox"/> Elevation <input type="checkbox"/> Color rendering or photo simulation <input type="checkbox"/> FCC license of each proposed user of the tower <input type="checkbox"/> Supporting drawings, calculations, and other documentation, signed and sealed by appropriate Illinois licensed professionals, showing the location and dimensions of all improvements, including topography, radio frequency coverage, tower height requirements, setbacks, drives, parking, fencing, landscaping, adjacent uses, other information necessary to assess ordinance compliance. <input type="checkbox"/> Collocation agreements <input type="checkbox"/> Other evidence of compliance with inventory, existing facilities and location <input type="checkbox"/> Escrow
<u>Other (specify):</u>			