



REQUEST FOR ZONING AMENDMENT ZONING BOARD OF APPEALS (2 Lots or Less) EDWARDSVILLE, IL

(Do not write in this space - for office use only)

Date set for hearing _____
Notice published on _____
Newspaper _____

AMENDMENT REQUEST NO _____
DATE _____
Parcel ID No _____
Fee Amount _____ Date Pd _____
FEMA/FIRM Zone _____
Soil Survey Sheet No _____
Undermined _____
Madison County SWCD Report Received _____
Endangered Species Report Required _____ Received _____

Recommendation of Zoning Board of Appeals:
() Denied _____
() Approved _____
() Approved with modification _____

Action by City Council:
() Denied _____
() Approved _____
() Approved with modification _____
Ordinance No. _____
Date _____

Date _____

Instructions to applicants: To request a change in the zoning map:

- 1) This application for a zoning amendment must be complete.
- 2) You must secure a written report from the Madison County Soil and Water Conservation District, with a copy to be sent to Public Works office of the City of Edwardsville at 200 East Park Street, Edwardsville, Illinois 62025 (see attached fee schedule).
- 3) All requests for property to be rezoned **must** include a site plan with the application showing the information listed in item 6 paragraphs a), b), c), d) (an "Air Photo Overlay" from Madison County Maps and Plats for the subject property), & e).
- 4) You **must** secure a written Endangered Species Consultation Agency Action report for All vacant properties, with a copy to be sent to Public Works office of the City of Edwardsville at 200 East Park Street, Edwardsville, Illinois 62025 (see attached form).
- 5) Names and Addresses of all property owners within 300 feet of subject property boundaries **must** be provided. All information requested on this application **must** be provided and reports received from the Madison County Soil and Water Conservation District and the Endangered Species Report **before** a hearing will be scheduled for the next regularly scheduled Zoning Board of Appeals meeting.

A notice of the hearing will be published in a newspaper of general circulation in the local area at least 15 days before the hearing and the applicant/owner will be notified by mail of the time and place of the hearing at least 15 days prior to the hearing date. The applicant or his attorney or duly-authorized agent must appear at the hearing and present this case to the Zoning Board of Appeals or the case will not be heard and fees forfeited. Normally there are only two primary reasons for a change in zoning: (1) the original zoning was in error; (2) the character of the area has changed to such an extent as to warrant rezoning. The burden of providing substantiating evidence rests with the applicant. Applicants are encouraged to contact the Office of the Zoning Administrator should they have any questions concerning the application.

1. Name of Applicant(s) _____
Email Address _____
Address: _____ Phone _____
City: _____ State: _____ Zip _____

2. Property interest of applicant:
() Owner () Contract Purchaser () Lessee () Other _____

3. Name of Property Owner(s) _____
Email Address _____
Address: _____ Phone _____
City: _____ State: _____ Zip _____

4. Amendment to Map:
It is requested that Parcel ID # _____, of the property described below and shown on the attached site plan be rezoned from _____ to _____. Address of property as assigned by the 911 coordinator is _____. Legal description of property (lot, block and subdivision - Additional sheets may be attached if necessary): _____

Present use of property _____

Proposed use of property _____

Reason for Amendment _____

5. Names of adjacent property owners:
Following are the names of owners of all property immediately adjacent* to the subject property, including those directly across the street, and present use of their property:

(Northerly) (present use)

(Southerly) (present use)

(Easterly) (present use)

(Westerly) (present use)

*A comprehensive list of property owners surrounding the subject site is requested in item #7.

6. Site plan attached shall be drawn in a scale large enough for clarity to reflect all of the following (Drawing sizes that exceed 11" X 17" require the applicant to furnish 20 copies folded to fit a 9" x 15" mailing envelope.):
- a) Location and dimensions of:
 - 1) Lot (Corner Lot shall be identified)
 - 2) Buildings
 - 3) Driveways
 - 4) All off-street parking spaces
 - b) Distance between:
 - 1) Buildings and front, side and rear property lines
 - 2) Principal building and accessory buildings
 - c) Location of:
 - 1) Signs
 - 2) Easements
 - 3) Underground utilities
 - 4) Septic tanks/tile fields
 - 5) Water wells
 - 6) Etc.
 - d) An "Air Photo Overlay" available at Madison County maps and Plats for the subject property shall be furnished by the petitioner.
 - e) Any additional information as may reasonably be required by the Zoning Administrator and applicable sections of the Zoning ordinance.
7. Based on the most recent tax record available from Madison County Maps and Plats office, **attached** are the computer listing of:
- Name and Address of the property owner for the subject property, and
 - Names and Addresses of all property owners within 300 feet of subject property boundaries. (Please note this list will be a more comprehensive listing than property owners listed in item #5.)
8. I certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true and accurate. I consent to the entry in or upon the premises described in this application by any authorized official of the City of Edwardsville, Illinois for the purpose of inspecting or of posting, maintaining and removing such notices as may be required by law.

Applicant(s)

Property Owner(s)

Date

Date