

APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE

(For office use only)

Office of the Zoning Administrator
Old Sheriff's Building
125 W. St. Louis St
Nashville, IL 62263
Fax (618) 327- 7281
Inspection date(s)

Application No. _____

Perm. Parcel No. _____

Date Filed _____

Zone District Classification _____

Fee paid \$ _____

Initial Certificate Issued _____

Final Certificate Issued _____

INSTRUCTION TO APPLICANTS: Before beginning any construction, a Certificate of Zoning Compliance must be obtained from the Zoning Administrator. Application for permits must be made by the applicant or his/her duly authorized agent with permission of the owner (if other than applicant) on the property on which the construction is to take place. A legal description, E-911 address or a parcel number and a site plan of the proposed construction (along with measurements from property lines, other buildings, etc.) must be included with this application. The attached sheet, which may be used for drawing the site plan, lists information which must be shown.

If the proposed construction meets the zoning requirements, a permit will be issued within a few days. If the Zoning Administrator determines that it does not comply with requirements of the Zoning Ordinance, the applicant may request an interpretation by the Zoning Board of Appeals (if you disagree with the Zoning Administrator) or you may request a Variance, Zoning Amendment or Special Use Permit depending on the circumstances.

All information requested below must be provided before any permits will be issued. To prevent delay and to expedite your application, provide all requested information. Applicants are encouraged to visit the Office of the Zoning Administrator for any assistance needed in completing this form. If possible, please call (618) 327-4800, ext. 345 for an appointment.

1. NAME OF APPLICANT _____ Phone: _____
Address: _____
(Street) (City) (Zip)

2. PROPERTY INTEREST OF APPLICANT
Owner Contract Purchaser Lessee Other: _____

3. NAME OF OWNER
(if other than applicant): _____ Phone: _____
Address: _____
(Street) (City) (Zip)

4. LOCATION OF PROPOSED CONSTRUCTION

a. E-911 Address of proposed construction (if one has been issued)

b. Legal description or Perm. Parcel No. _____

(attach additional sheets if necessary)

c. Construction located in _____ Zoning District.

d. Construction located with corporate limits of a municipality yes no. If yes, name municipality _____

5. PROPOSED CONSTRUCTION

New Building

Addition or alteration (please explain): _____

Modular or Manufactured home on perm. foundation Relocation of existing building

Other (please explain): _____

6. EXISTING USE OF PROPERTY

Agriculture

Residential

Commercial (type) _____

Rural Single-Family

Industrial (type). _____

Urban Single-Family

Vacant lot

Multi-Family

7. PROPOSED USE OF PROPERTY

Commercial

Residential:

Accessory:

(type) _____

Rural Single-Family

Garage

Industrial

Urban Residential

Carport

(type) _____

Multi-Family

Storage Shed

Agriculture

Ag. Residential

Other: _____

8. PLANS AND SPECIFICATIONS

a. Plans: A site plan is attached and shows information as required on the attached site plan form.

b. Specifications: Give the following information, if applicable, for each structure or use identified on the attached site plan.

Type of Structure Existing: _____

Type of Structure Proposed: _____

Height in Feet _____ # of Stories _____ # of Rooms _____

Square footage of proposed structure: _____ sq. ft.

9. UTILITIES

a. Water Source

Public Water Service

Private Well

Other

b. Sewage Facilities

Public Sewer Service

Septic Tank

Aeration System

Other

10. SEPTIC PERMIT NO. _____

11. Application is hereby made for an Initial Certificate of Compliance, as required under the Zoning Ordinance of Washington County, for the erection, relocation or alteration, and use of buildings and premises. In making this application, the applicant represents all of the above statements and any attached maps and drawings to be a true description of the proposed new or altered uses and/or buildings. The applicant agrees that the permit issued **may be revoked without notice on any breach of representation of conditions.**

It is understood that any permit issued on this application will not grant right of privilege to erect any structure or to use any premises described for any purpose or in any manner prohibited by the Zoning Ordinance, or by other ordinances, codes or regulations of Washington County. I consent to the entry in or upon the premises described in this application by any authorized official of Washington County for the purpose of inspecting or of posting, maintaining, and removing such notices as may be required by law.

Applicant: _____

Date: _____

Owner: _____
(if other than applicant)

Date: _____

Send completed application and \$100.00 application fee (made out to Washington County Treasurer) to:
Washington County Zoning Office

125 W. St. Louis St.

Nashville, IL 62263

Or send fee to above address and email application to:

matt.bierman@washingtonco.illinois.gov

Or stop by office. Zoning hours are 8-12 on Tuesdays and 8-4 on Thursdays or call for an appointment.

618-327-4800 ext 345