

CITY OF CLINTON
ZONING BOARD OF APPEALS
 118 W. WASHINGTON, P.O. BOX 378, CLINTON, ILLINOIS 61727 PHONE: (217) 935-6552

REQUEST FOR VARIATION

FOR OFFICE USE ONLY

Date Filed:		Variation Request No.:	
Date Notifications Were Mailed:			
Date Set for Hearing:		Date Hearing Held:	
Date Notice Published:		Newspaper:	
Fee Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$	Date Paid:	
Comments:			
Action Taken By the Board on the Request:			
A Variation is requested in conformity with the powers vested in the Zoning Board of Appeals to permit the _____ (insert intended use and proposed construction) on the following described property: _____ _____ and in conformity with the proposed plans on Permit Application No. _____, dated _____.			

ADDRESS, USE, AND ZONING OF THE PROPERTY

Address
Present use of Property (Commercial, Industrial, Residential, etc.)
Zoning District

ACTIONS BY APPLICANT ON PROPERTY

Permit Applied For and Denied <input type="checkbox"/> Yes <input type="checkbox"/> No		Permit Application No.:
An Appeal <input type="checkbox"/> was <input type="checkbox"/> was not <input type="checkbox"/> was denied <input type="checkbox"/> application accompanies this request for Variation made with respect to these premises.		Appeal Application No.:

FOR APPLICANT

Name of Applicant(s):	Name of Owner(s):
Address:	Address:
Phone No.:	Phone No.:
Applicant(s) Interest in the Property (owner, contract purchaser, etc.):	
Legal Description of Property:	

Before answering the following questions, PLEASE READ the NOTICE TO APPLICANTS on the last page of this application.

REASONS FOR REQUEST FOR VARIATION

NOTE: The following questions must be answered completely. If additional space is needed, attach extra pages to this application.

1. What characteristics of your property prevent its being used for any of the uses permitted in your district?

- | | | |
|--------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Too small | <input type="checkbox"/> Elevation | <input type="checkbox"/> Soil |
| <input type="checkbox"/> Too shallow | <input type="checkbox"/> Slope | <input type="checkbox"/> Subsurface |
| <input type="checkbox"/> Too narrow | <input type="checkbox"/> Shape | <input type="checkbox"/> Other |

2. Describe the item(s) checked, giving dimensions where appropriate. _____

3. How do the above site conditions prevent any reasonable use of your land under the terms contained in the City of Clinton Zoning Ordinance? _____

4. To the best of your knowledge, can you affirm that the hardship described above was not created by an action of having property interests in the land after the Zoning Ordinance or applicable part thereof became law? Yes No If "No" explain why the hardship should not be regarded as self-imposed (self-imposed hardships are not entitled to variations).

5. Are the conditions on your property the result of other manmade changes, such as the relocation of a road or highway? Yes No If yes, explain _____

6. Which of the following types of modifications will allow you a reasonable use of your land?

<input type="checkbox"/> Change in setback req.	<input type="checkbox"/> Change in area req.
<input type="checkbox"/> Change in off-street parking	<input type="checkbox"/> Change in side yard req.
<input type="checkbox"/> Change in lot coverage req.	<input type="checkbox"/> Other (specify) _____

7. State what is the Variation requested, giving distances where appropriate _____

8. Are the conditions of hardship for which you request a Variation true only of your property?
 Yes No If no, how may other properties are affected? _____

9. Will the grant of a Variation in the form requested be in harmony with the neighborhood and not contrary to the intent and purpose of the Zoning Ordinance? _____

I/We certify that all the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my/our knowledge and belief.

I/We consent to the entry in or upon the premises described in this application by any authorized official of the City of Clinton, Illinois for purposes relating to that applied for herein.

Date Applicant Signature

Date Owner Signature

Note: A filing fee of \$100.00 (non-refundable) plus \$30.00 for advertising for a total of \$130.00 must accompany this request.

I/We certify to the best of my/our knowledge that all of the below names and addresses are a list of all the properties within 250 feet, in all directions, of the property in question.

Name of Surrounding Property Owners	Addresses
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(More lines on back, if additional space is needed, attach extra page(s) to this application)

