



City of Carlinville Application for Special Use Permit

INSTRUCTIONS FOR APPLICATION

To have an application processed you must:

1. Submit completed application to the Zoning Administrator, City Hall, 550 N. Broad, Carlinville, IL 62626.
2. A filing fee is charged for a temporary permit at the time of submission. 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, prior to approval or denial of the application. 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, including application for zoning variance.
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. With approval, a Temporary Zoning Permit will be issued and the applicant will post the permit in a conspicuous place facing the front of the property.
7. A Temporary Permit is good for one year from the date of issuance and must be renewed by the applicant, if necessary.
8. Applicant will notify the Zoning Administrator when the project is completed. Zoning Administrator will inspect finished project for compliance.
9. A Permanent Zoning Certificate shall be issued by the Zoning Administrator when the development or construction of such lot or structure has been completed in accordance with plans approved at the time the Temporary Certificate of Zoning Compliance was issued; and the lot or structure as completed, and the proposed use thereof, conforms to all applicable provisions of this ordinance.
10. If the Zoning Administrator denies an application, the applicant will be informed of the reasons for denial and what remedies the applicant may pursue, including appeal to the Zoning Commission.
11. The Zoning Administrator is available during office hours at City Hall: 8:30 a.m. to 12:30 p.m., Monday - Friday. Call 854-4076 with any questions.

Application for Special Use Permit

Application Date _____

Zoning District _____

Name & Address of Applicant

Telephone

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

Type of Existing Structure

Single Family

Commercial

Two-Family

Industrial

Multi-Family

Mobile Home

Manufactured Home

Modular

Other _____

Description of existing structure primary use:

Contractors name and Address _____

Detailed description of proposed Special Use:

Signature of Applicant _____

Date _____

Approved: _____
Zoning Administrator

Date _____

Permit No. _____

For Office Use:

\$_____ *fee paid* _____ #_____