

# City of Carlinville Application for Temporary Certificate of Zoning Compliance

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## 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 4:30 p.m., Monday through Friday. Call 854-4908 with any questions or to schedule an appointment.

# Application for Temporary Certificate of Zoning Compliance

Application Date \_\_\_\_\_

Zoning District \_\_\_\_\_

**Name of Applicant** \_\_\_\_\_

**Address for Permit** \_\_\_\_\_

**Telephone** \_\_\_\_\_

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

Subdivision \_\_\_\_\_

Lot No. \_\_\_\_\_

Corner Lot  Yes  No

Lot Size \_\_\_\_\_

## **Type of Structure**

Single Family

Commercial

Two-Family

Industrial

Multi-Family

Mobile Home

Manufactured Home

Modular

Other \_\_\_\_\_

## **Type of Construction**

New Construction

Garage

Remodeling

Carport

Addition

Structural

Shed

Fence

Porch or Stoop

Pool

Deck or Patio

Ramp

Roof

Sign

IL Roofing License # \_\_\_\_\_

Other

Name on License \_\_\_\_\_

Describe \_\_\_\_\_

Detailed description of proposed construction: (including proposed locations(s) and relationship to existing structures; a drawing of site plan must be attached)

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Contractors name and Address \_\_\_\_\_

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Height, setbacks, and lot coverage of the proposed structure

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**Signature of Applicant** \_\_\_\_\_

Date \_\_\_\_\_

**Approved:** \_\_\_\_\_  
Zoning Administrator

Date \_\_\_\_\_ Permit No. \_\_\_\_\_

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**For Office Use:**

\$\_\_\_\_\_ fee paid \_\_\_\_\_ #\_\_\_\_\_

I understand that failure to obtain necessary Permits before beginning my project is a violation of the Zoning Code Section 40-9-3 "Temporary Certificates of Zoning Compliance" and my fee will be 4 (four) times the usual Permit fee for this project.

Signature \_\_\_\_\_