

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. Applicant agrees to allow Zoning Administrator access to the property for measurements and photographs, if needed. The applicant may need to meet with the Zoning Administrator to provide further information.
3. A Special Use Permit requires a Public Hearing be held to make a determination on the request. The fee for a Public Hearing is \$50.00 plus the cost of the Publication in a local newspaper. Checks may be made payable to the City of Carlinville and payment is due with the submittal of the request.
4. The Public Hearing will be held at the Planning/Zoning Commission's monthly meeting. The date will be set, and the Zoning Administrator will notify the applicant and all surrounding neighbors of the request and date for the Hearing in writing by first-class mail.
5. The Planning/Zoning Commission will make a determination on the request and, if it is approved, the application will be presented by the Zoning Administrator to the City Council at its next scheduled meeting for final approval.
6. The applicant will have the right to appeal any denial directly to the City Council. However, any proposed Special Use which fails to receive the approval of the Planning/Zoning Commission shall not be approved by the corporate authorities except by a favorable two-thirds vote of all aldermen then holding office.
7. 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 Special Use Permit

Application Date _____

Zoning District _____

Name of Applicant _____

Address for Special Use Permit:

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:

Contractor's name and Address _____

Detailed description of proposed Special Use:

Signature of Applicant _____

Date _____

Approved: _____

Zoning Administrator

Date _____

Permit No. _____

For Office Use:

\$_____ fee paid _____ # _____