



**LaSalle County
Land Use Department
119 W Madison St., Room 107, Ottawa, IL 61350**

T. 815.434.8666
F. 815.433.9303
E. landuse@lasallecountyil.gov

MAP AMENDMENT/ZONING CHANGE APPLICATION

For Office Use
Permit # _____
Application Fee: _____
\$500.00 for first 2 acres
\$100.00 for each additional acre
** Publications, EcoCAT, and NRI/LESA costs are the responsibility of the applicant and must be paid prior to the County Board vote.*

Date of Application: _____

Contact Information:

Property Owner Name(s): _____ Property Address: _____

Applicant's Name if Different: _____ Address: _____

Phone Number: _____ Cell Number: _____ Email: _____

Township: _____ Property Pin Number(s): _____

Agent/Attorney Name: _____ Agent/Attorney Firm: _____

Agent/Attorney Phone Number: _____ Email: _____

Has any other Governmental Body denied a Zoning Change for this property? Yes No
If Yes, Please Explain: _____

Current Zoning of Property: A-1 Agriculture R-2 Single Family Residential B-1 Local Business
 A-C Conservation R-3 General Residence B-2 General Business
 R-R Rural Residence I-1 Industrial

Proposed Property Zoning : A-1 Agriculture R-2 Single Family Residential B-1 Local Business
 A-C Conservation R-3 General Residence B-2 General Business
 R-R Rural Residence I-1 Industrial

Current Zoning and Land Uses of Adjoining Property:

| | Zoning <i>(i.e. A-1, R-R, B-2, etc.)</i> | Land Use <i>(Farm, Single Family House, Factory, etc.)</i> |
|--------------|--|--|
| North | | |
| South | | |
| East | | |
| West | | |

Natural Resource Inventory-Land Evaluation and Site Assessment

In accordance with Section 14.5 of the LaSalle County Zoning Ordinance: "The Zoning Board of Appeals shall utilize the LESA system when deciding on issues of the conversion of agricultural uses to nonagricultural uses through requests for a Map Amendment or Special Use."

The Land Evaluation and Site Assessment scores must be prepared by the LaSalle County Soil and Water Conservation District. Applications for the development of the Land Evaluation and Site Assessment can be made at 1691 North 31st Road. The LaSalle County SWCD can be reached at 815-433-0551.

Ecological Compliance Assessment Tool

And in accordance with the [Illinois Endangered Species Protection Act](#) [520 ILCS 10/11(b)], the [Illinois Natural Areas Preservation Act](#) [525 ILCS 30/17], and the [Interagency Wetland Policy Act of 1989](#) [20 ILCS 830] as set forth in procedures under [Title 17 Ill. Admin. Code Part 1075 and Part 1090, these laws](#) require state agencies and units of local governments to consider the potential adverse effects of proposed actions on Illinois endangered and threatened species and sites listed on the Illinois Natural Areas Inventory. The petitioner is required to obtain EcoCAT evaluation from IDNR if it is required for the proposed land use change.

Map Amendment/Zoning Change

Permit # _____

Please provide a narrative explaining the reasoning and justification for the zoning change request (*this may be attached*). The narrative should focus on the existing uses and zoning classification of the property and the general area surrounding the parcel. Discussion of the LESA (Land Evaluation and Site Assessment) evaluation and general suitability to its current zoning designation and the future development vision of the area should also be addressed. Please be prepared to discuss these and other related concepts at the public hearing. For a complete list of factors considered by the Zoning Board of Appeals, refer to Section 14.9-3 of the *LaSalle County Zoning Ordinance*.

Attachments and Certifications

All required attachments and certifications must accompany the application before a zoning official can certify the application to be complete. Such attachments and certifications required:

- Copy of recorded deed
- Narrative describing and justifying proposed use
- Application/filing fee
- Plat of survey developed by professional engineer or land surveyor
- Site plan showing existing structures, proposed structures, and setbacks
- Notarized completed application package (if not owner/applicant, notarized letter of authorization is required from owner)
- List of adjoining property owner names and addresses
- Trust Disclosure (*applicable if property is in a trust*)
- Signage Application (*if applicable*)
- Parking lot layout (*if applicable*)
- Floodplain Map (*if applicable*)
- Natural Resource Inventory or Land Evaluation and Site Assessment (*if applicable*)
- Land Evaluation and Site Assessment (*if applicable*)
- EcoCAT (*if applicable*)

Notification of the Petition (*For office use*)

All adjoining property owners will be notified of this petition by certified mail. When applicable, notification will also be sent to the following entities:

- School Districts Effected
- Adjoining Property Owners
- Municipal Review Authority (1.5 mile)
- Township Review Authority (Supervisor, Clerk, and/or Planning Commission)
- Fire Protection District
- Road Jurisdiction (State, County, Township)
- LaSalle County Health Department
- LaSalle County Soil and Water Conservation District

IF NOT PART OF YOUR NARRATIVE, PLEASE PROVIDE RESPONSES TO THE FACTORS BELOW

Sec. 14.9-3 Findings for Amendments

Where the purpose and effect of the proposed Amendment is to change the zoning district classification of particular property, the Zoning Board of Appeals shall make findings and transmit a recommendation to the County Board based upon the evidence presented to it in each specific case with respect to the following matters:

1. Is the proposed change suitable and/or consistent with the existing uses of property within the general area?

2. Is the proposed change suitable and/or consistent with the zoning classifications of the property within the general area?

3. Is the property best suited for the uses permitted under the existing zoning classification?

4. Is the proposed change consistent with the trend of development, if any, that has taken place since the property was placed in its present zoning classification?

5. Is the property vacant as zoned, if so, how long (*consider in context with land development in the general area*)?

6. Are property values being diminished by particular present zoning restrictions?

7. Is the requested change consistent with the Comprehensive Plan?

Notarization of Completed Application Authenticity

Map Amendment

A map amendment can be requested to change the zoning classification of a parcel

Application

Must be received a minimum 30 days prior to scheduled ZBA Hearing after a pre application meeting with the Zoning Department. All attachments and fee must accompany application.



Public Notification

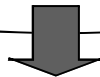
Legal notice of proposed map amendment in local newspaper. County takes care of notification; however, the owner is responsible for these fees.



Public Hearing

Zoning Board of Appeals

Applicant or representative must attend. Room 250 of LaSalle County Governmental Complex.



County Board Vote

The LaSalle County Board will vote to place Map Amendment on file with the LaSalle County Clerk.

County Board Vote

Full county board votes on the ZBA recommendation no sooner than 30 days after being placed on file.

Natural Resource Information Report Application

LaSalle County Soil and Water Conservation District

1691 North 31st Rd., Ottawa, IL 61350
Phone: (815) 433-0551 Fax: (815) 433-0665

| | |
|--|-------------------------|
| <i>For Office Use Only</i> | |
| File #: _____ - _____ - _____ | Received: _____ 20_____ |
| Fee: \$ _____ (Please make check payable to LaSalle County SWCD) | |

NRI Fee: Full Report includes LESA Evaluation: \$350.00 for up to 5 acres and \$20.00 for each additional acre or portion thereof.
Letter: \$100.00 Staff will determine whether a letter or a full report will be necessary.
Wind Turbine: \$150.00 per turbine

The NRI report will not be started until the fee and plat of survey are received by the LCSWCD office.

Please Print Legibly

Petitioner's Name: _____ Phone: (____) _____ - _____
 Address: _____
 Contact Person: _____ Phone: (____) _____ - _____
 Address: _____

| Parcel Index Number | Township & Range Or Name | Section | Acres |
|---------------------------|--------------------------|---------|-------|
| 1) _____ | _____ | _____ | _____ |
| 2) _____ | _____ | _____ | _____ |
| Total Parcel Size: | | | _____ |

Current Zoning: _____ Requested Zoning: _____
 Current Use of Site: _____ Proposed Use: _____

Proposed Water Supply: Private Well Community Water
 Proposed Wastewater Treatment: Septic System Sanitary Sewer Other
 Proposed Stormwater Plans: Ditches/Swails Wet Detention Basin
 Dry Detention Basin Storm Sewer
 No Detention Facilities

LaSalle County SWCD has 20 working days to complete the NRI after **both** the Plat of Survey and NRI Fee are received.

It is to be understood by the applicant that filling out this application gives a district representative the right to conduct an onsite investigation of the parcel(s) described above. Furthermore, this report becomes subject to the Freedom of Information Act after approval by the LaSalle County SWCD Board of Directors at their regularly scheduled meeting. Board meetings are scheduled for the first Monday of each month with exception of October and May when there are NO meetings.

Contact Person or Petitioner's Signature: _____ Date: _____

LaSalle County

DISCLOSURE OF BENEFICIARIES FORM and COMPLIANCE WITH "AN ACT TO REQUIRE DISCLOSURE OF ALL BENEFICIAL INTERESTS" Chapter 765, Section 405/1 Illinois Compiled Statutes

Applicant _____

Address _____

City _____ State _____ Zip _____

Nature of Benefit Sought by Application: _____

Nature of Applicant: (Please check one)

Natural Person

Corporation

Land Trust/Trustee

Trust/Trustee

Partnership/Joint Venture

If applicant is an entity other than described in Nature of Applicant Section, describe the nature and characteristics of the applicant:

If the applicant representing the petition is a Corporation, Land Trust/Trustee, Trust/Trustee, Partnership/Joint Venture identify by name and address each person or entity who is a 20% shareholder or greater, or who otherwise has proprietary interest, interest in profits and losses or right to control such entity:

| NAME | ADDRESS | INTEREST |
|-------|---------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Name, address, and capacity of person making this disclosure on behalf of the applicant:

VERIFICATION

I, _____, being first duly sworn under oath that I am the person making this disclosure on behalf of the applicant, that I am duly authorized to make the disclosure, that I have read the above and foregoing Disclosure of Beneficiaries, and that the statements contained therein are true in both substance and fact

Signature

Date

Subscribed and sworn to before me this _____ day of _____, A.D. _____

(seal)

Notary Public