



**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***

SUBDIVISION VARIANCE REQUEST FORM

Date of Application: _____

Variance Application Fee: \$100.00

Property Owner Name: _____

Property Address: _____ City: _____ State: _____ Zip: _____

Applicant's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ Cell Number: _____

Contact email: info@openmrs.org

Agent/Attorney Name: _____ Phone Number: _____

DESCRIPTION OF VARIANCE REQUEST: *please site applicable section(s) of ordinance*

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PROPERTY CHARACTERISTICS & DESCRIPTION:

Tax ID #: _____ Current Parcel Size (Acres): _____ Current Road Frontage
(Feet): _____

Township: _____ Current Property Zoning Designation: _____

Date Subject Property Was Created: _____ by Recorder's Document #: _____

Exact Size of Proposed Lot(s): _____ (acres) Road Frontage of Lot(s): _____ (feet)

Road Jurisdiction Authority: Township LaSalle County IDOT/USDOT

Is there an Access/Entrance to the property approved by the Road Jurisdiction for the intended property use? Yes No

State the reason(s) why compliance with the current Subdivision Regulations Ordinance is not possible?
(it is helpful to site section(s) of ordinance)

REQUIRED ATTACHMENTS:

*All of the following **must** be submitted with this Variance Request Form in order to process your variance in a timely manner:*

1. Copy of Deed to property with full legal description
2. Detailed site drawing showing all relevant dimensions (preferably a Plat of Survey)
3. Road Jurisdiction sign off form
4. \$100.00 Variance Fee (make checks payable to "LaSalle County Treasurer")
5. Any other applicable information or exhibits.

COMPLETED APPLICATION AUTHENTICITY

I, We have read and are familiar with the *LaSalle County Subdivision Regulations Ordinance* and I, we consent that all of the above statements and the statements contained in any paper 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 LaSalle County for the purposes of completing any reviews or for the reports deemed necessary by the submittal of this application or for the purpose of posting, maintaining, or removing such notices as may be required by law.

Owner and/or agent/attorney printed Names and signatures:

Owner Name (Print)

Owner Signature

Date