



**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

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.e. A-1, R-R, B-2, etc.)		Land Use (Farm, Single Family House, Factory, etc.)	
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 31<sup>st</sup> 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. A \$500.00 fee may be charged to the petitioner if an EcoCAT evaluation 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*.

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## 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 Effectuated
- ☐ 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?

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

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

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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?

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

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

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

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# Notarization of Completed Application Authenticity

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.

I, We have read and are familiar with the *LaSalle County Comprehensive Plan* and that the petitioners have read Section 14 of the *LaSalle County Zoning Ordinance* and are familiar with each of the criteria for a zoning change/map amendment and understand that all applicable criteria must be met for approval of the petition.

I, We understand that I, We will provide the names and addresses of all adjacent owners of the said property to the LaSalle County Land Use Department and allow the LaSalle County Land Use Department to notify all required stakeholders, adjacent landowners, and the press announcing the public hearing. This ad must be in the local newspaper 15 days prior to the scheduled public hearing. I, We understand that the LaSalle County Land Use Department will post required signage for the property in question at least 15 days prior to the public hearing. I/We understand that all the costs associated with the hosting of the public meeting will be paid on or before the date in which the LaSalle County Board will take action on this petition (mailing costs, notification to newspaper, meeting room expenses, court reporter, and any other costs needed to hold such a hearing).

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

Name (Printed)

Signature

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Dated at \_\_\_\_\_, Illinois, this day of \_\_\_\_\_

State of Illinois        )  
                                  ) SS  
County of LaSalle     )

I, \_\_\_\_\_, a Notary Public in and for the County and State of aforesaid, do hereby certify that \_\_\_\_\_, personally known to me is (are) the person(s) who executed the foregoing instrument bearing on the date of \_\_\_\_\_, 20\_\_\_\_, and appeared before me this day in person and acknowledged that he/she (they) signed sealed, and delivered the same instrument for the uses and purposes therein set forth.

Given under my hand and Notary Seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. (Seal)

My commission expires \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

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**The LaSalle County Land Use Department certifies this application package is complete and capable of being forwarded to the LaSalle County Zoning Board of Appeals.**

\_\_\_\_\_  
LaSalle County Zoning Officer

\_\_\_\_\_  
Date

# Map Amendment

A map amendment can be requested to change the zoning designation of a particular piece of property.

## Application

Must be received a minimum 30 days prior to scheduled ZBA Hearing. All attachments must accompany application.



## Public Notification

Legal in local newspaper, adjacent property owners sent certified letter, property staked with sign. County takes care of notification; however, the owner is responsible for these fees.



## Public Hearing Zoning Board of Appeals

Owner or applicant must attend. Room 250 of LaSalle County Governmental Complex.



## County Board Vote

Full county board votes on the ZBA recommendation no sooner than 30 days after final public hearing for proposal.

# Natural Resource Information Report Application

## LaSalle County Soil and Water Conservation District

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

### For Office Use Only

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