

**APPLICATION FOR ZONING CHANGE  
and SPECIAL USE PERMITS**

POPLAR GROVE, ILLINOIS  
Poplar Grove Village Hall  
200 Hill Street  
Poplar Grove, Illinois 61065

Zoning Change Special Use Permit \_\_\_\_\_

**FOR OFFICE USE ONLY**

Case Number	Planning Commission Date
Filing Date	Village Board Date
Zone District	Fire District
Township Name	School District _____

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**PLEASE PRINT IN BLACK INK OR TYPE**

- 1) Give the address or general location of the property for which this application is filed:

Parcel Identification Number is:

Legal Description of the Subject Property is: See attached

- 2) **Applicant Name:**

Mailing Address:

City:

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

- 3) **Property Owner Name:**

Mailing Address:

City:

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

- 4) **Attorney Name:**

Mailing Address:

City:

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

In order to reduce confusion, please indicate one contact person to discuss issues concerning this petition:

- 5) **Project Manager:**

Mailing Address:

City:

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_



- 16) **SUPPORTING INFORMATION:** Attach a vicinity map and boundary map of the property involved in the proposed zoning change. Illustrate existing buildings and structures, adjoining roadways with their names, natural features such as flood plain, wetlands, lakes, pounds, etc. Provide a detailed written statement explaining your proposal and how it complies with Village policies and plans. Include in the written statement any measures intended to mitigate negative affects of your proposal on neighboring properties. Incomplete applications will be returned to the applicant after sixty (60) days.

**For all Applications.** Pursuant to law, a copy of this application is to be provided to the Boone County Soil and Water Conservation District (SWCD) **on, or before the filing date** (see calendar). The SWCD is located at 8108 Appleton Road, P. O. Box 218, Belvidere, and may be contacted at (815)544-2677. An application fee is required. The SWCD has thirty (30) days to respond and provide their Natural Resource Information (NRI) Report to the Planning Office. The NRI is necessary for your application to proceed.

**NOTE:**

The “endangered Species Act” entitles the Illinois Department of Natural Resources to review all special use permit applications for their impact on endangered or protected species. Illinois law allows thirty (30) days for their response.

The “National Historic Preservation Act” entitles the Illinois Historic Preservation Agency to review al special use permit applications for their impact on cultural or historical resources. Illinois law allows thirty (30) days for their response.

**DECLARATION:**

I, the applicant, do hereby declare that I am the owner, or the authorized agent of the owner, of the above legally described property on which the special use permit is proposed, and that the answers given herein are true to the best of my knowledge.

By virtue of my application for a special use permit, I do hereby declare that the appropriate appointed and elected officials responsible for the review of my application are given permission to visit and inspect the property proposed for a special use permit in order to determine the suitability of the request.

For Boone County Applications: I have requested and received from the Planning Office, marking flags, which I am responsible for correctly placing near the front corners (and at other locations, if requested) of the subject property within ten (10) days of this submitting application.

Applicant Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Village Representative Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Filing Fee - Amount Paid \_\_\_\_\_ Check Number: \_\_\_\_\_

**Applicant Authorization:**

The signature and complete address of all persons having an interest in the subject property whose consent is required (by virtue of such interest) to authorize filing this application:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

(use additional sheets if necessary)

**FILING PROCEDURE:**

A. Submit this form and supporting information accompanied by an application fee (**make checks out to the Village of Poplar Grove**).

B. A Notice of Public Hearing will be completed by the Village staff and published in the newspaper. **The cost of publication will be billed to the applicant.**

C. Poplar Grove Applicants must appear before the Poplar Grove Planning Commission and then the Village Board.

**ZONING FEE SCHEDULE**  
Per Ord. No. \_\_\_\_\_, \_\_\_/\_\_\_/2000

**Village - Rezoning to:**

**Residential**

D-1, Single-Family &

D-2, Multiple-Family: **\$100 + \$30/acre**

**Commercial**

C-1, General Business: **\$200 + \$30/acre**

**Industrial**

I-1, Industrial: **\$300 + \$50/acre**

**In all Districts**

Special Use Permit: **\$150** (Except Mobile Home Parks)

Special Use Permit for Mobile Home Parks: **\$150 + 30/acre**

## **LEGAL DESCRIPTION**