



APPLICATION FOR VARIATION

Date of Application: _____
(please type or print)

The undersigned owner or duly authorized representative of the owner of property located at

_____ Jacksonville, IL, hereby makes application for the allowance of a variation to the City of Jacksonville Zoning Ordinance, pursuant to Section 11.3-5 _____ of the Jacksonville Zoning Ordinance, for property that is in a _____ Jacksonville zoning district.

The following information must be provided for consideration.

Describe in detail the variation sought (for example: reduction of front, side or back yard set back; increase building height allowance; exceed lot coverage by non-dwelling use in a dwelling district; increase gross area or height of a sign; increase allowable height of fences and walls in a dwelling district—see page 11-5 of the Zoning Ordinance for details.

Attach a sketch that includes *street names, property lines, set back distance, north directional arrow*, so that it illustrates the proposed change—see page 11-2 and 11-3 of the Zoning Ordinance for details in filing an appeal.

Name of Owner or Agent * _____

Address _____

Phone: (Daytime) _____
Street City State Zip

Email Address: _____

Signature of Owner or Agent* _____

[*If signed by an agent, state the capacity or authority by which you represent the owner. _____]

Note: This application and a filing fee are to be submitted to the City Community Development Department, 200 West Douglas, Jacksonville, IL. The application will be reviewed by the Community Development Department before it is filed with the City Clerk's Office which must be no later than twenty (20) days prior to the scheduled Zoning Board of Appeals meeting that is regularly held on the first Wednesday of each month at 6:00 p.m. The City Clerk will notify you by mail as to the date and the time of the meeting. You are asked to attend the meeting to answer questions presented by the Zoning Board of Appeals.

Date reviewed by Community Development Department _____

Date Received by City Clerk's Office _____ FEE: _____

\$ _____ Paid _____ CC/Initial

