

CITY OF BELLEVILLE, ILLINOIS
OFFICE OF THE ZONING ADMINISTRATOR

APPLICATION FOR CERTIFICATE OF NON-CONFORMING USE

INSTRUCTION TO APPLICANTS

All information requested must be completed on this application. If applicants are encouraged to visit this office and every assistance will be given in filling out this form. If possible, please call 233-6810 ext. 251 for an appointment to avoid delays.

Application is hereby made for a Certificate of Non-Conforming Use as requested under the Zoning Ordinance of the City of Belleville. In making this application the applicant represents all the following statements, and any attached maps and drawings, as true and correct. The applicant agrees that the Certificate applied for, if granted, is issued on the representations made herein, and that any Certificate issued may be revoked without notice on any breach of representations or conditions.

1. DATA ON APPLICANT AND OWNER Phone #: _____

Name of Applicant(s) _____

Address of Applicant(s) _____

Property Interest of applicant(s) _____

(Owner, Tenant, etc.)

Phone #: _____

Name of Owner(s) _____

Address of Owner(s) _____

2. LOCATION OF PROPERTY

Address _____

Legal Description _____

3. Property located in _____ Zoning District.

4. Is structure vacant? _____yes _____no

5. If yes how long? _____years _____months

6. What is structure proposed to be used for? _____

7. What was property last used for? _____

8. When did use listed in question #7 cease to exist? _____year

9. NON-CONFORMITY

Describe: _____

Date when Non-Conforming Use Commenced: _____

10. Please provide a sketch (on the reverse side) showing all uses on the property as of this date.

Applicant
Date: _____, 20_____
Application No.: _____

State of Illinois
County of St. Clair }SS

_____, being sworn, upon his oath deposes and says that he has read the foregoing Application and Certification of Non-Conforming Use, and that the matters and things set forth therein are true and correct to the best of his knowledge and belief.

Applicant

Subscribed and sworn to before me this ____ day of _____ AD 20____

Notary Public

DO NOT WRITE BELOW THIS LINE

Certificate issued () No. _____ Date _____ 20_____

Certificate denied () Cause for denial _____

ENFORCING OFFICER

Subdivision Name: _____ Lot #: _____ Historic District: _____
Flood Hazard Area: _____ Enterprise Zone: _____
Property Zip Code: _____ Ward #: _____