

Application No. \_\_\_\_\_  
Filing Fee \$ \_\_\_\_\_  
Fee Paid Date \_\_\_\_\_

**CITY OF BELLEVILLE, ILLINOIS  
OFFICE OF THE ZONING BOARD OF APPEALS**

**APPLICATION FOR SPECIAL USE PERMIT AND PLANNED UNIT DEVELOPMENT**

**INSTRUCTIONS TO APPLICANT:**

All information requested must be completed on this application. Applicants are encouraged to visit this office for assistance in filling out this form. If possible, please call (618) 233-6810 Ext. 251 for an appointment to avoid delays.

**1. DATA ON APPLICANT AND OWNER**

Name of Applicant(s) \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address of Applicant(s) \_\_\_\_\_  
Property Interest of Applicant(s) \_\_\_\_\_  
(OWNER / TENANT / CONTRACT PURCHASER / ETC.)  
Name of Owner(s) \_\_\_\_\_  
Address of Owner(s) \_\_\_\_\_

**2. DESCRIPTION, USE AND ZONING OF PROPERTY**

Address: \_\_\_\_\_  
Legal Description (attach if necessary) \_\_\_\_\_  
\_\_\_\_\_  
Permanent Parcel Number \_\_\_\_\_  
Lot Size \_\_\_\_\_ feet x \_\_\_\_\_ feet = \_\_\_\_\_ square feet  
Present Use of Property \_\_\_\_\_  
(VACANT / RESIDENCE / BUSINESS / ETC.)  
Property Located Zoning District \_\_\_\_\_ and in Ward # \_\_\_\_\_  
Aldermen of Ward \_\_\_\_\_  
a. Does the present use of the property conform to all use regulations for the zoned district in which it is located? Yes (\_\_\_) No (\_\_\_). If "no," specify each non-conforming use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
b. Do the existing structures comply with all area and bulk regulations for the zoned district in which it is located? Yes (\_\_\_) No (\_\_\_). If "no," specify each non-conforming use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. SPECIAL USE REQUESTED**

- a. State the nature of the proposed use, including the type of activity, manner of operation, number of occupants or employees in similar matters \_\_\_\_\_  
\_\_\_\_\_
- b. State the location of the proposed use or structure and its relationship to existing adjacent uses or structures \_\_\_\_\_  
\_\_\_\_\_
- c. State the area and dimensions of the site for the proposed structure or uses \_\_\_\_\_  
\_\_\_\_\_
- d. Describe the existing topography of the site (USGS ten-foot contour data is acceptable), and proposed finished grade \_\_\_\_\_  
\_\_\_\_\_
- e. Describe the existing and proposed screening, landscaping and erosion control features on the site, including the parking area \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**RECOMMENDATION OF ZONING ADMINISTRATOR**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Section(s) of Zoning Ordinance Involved in this Application \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

---

**DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY**

Date Filed \_\_\_\_\_ Special Use Request Number \_\_\_\_\_  
Date Set for Hearing \_\_\_\_\_ Date Hearing Held \_\_\_\_\_  
Published Notice Made \_\_\_\_\_ Newspaper \_\_\_\_\_  
(DATE) (NAME OF NEWSPAPER)

Name of Municipality Where Published \_\_\_\_\_

Date Abutting Property Owners Notified \_\_\_\_\_

Fee Paid: (\_\_\_) Yes (\_\_\_) No Receipt Issued: (\_\_\_) Yes (\_\_\_) No Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Comments (indicate other actions such as continuances): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Action by Board on Request for Special Use Permit \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_