ZONING ADMINISTRATOR

APPLICATION FOR VARIANCE

Date ____________________________

Applicant Name ___________________ Phone _________________________

Address __________________________

Alternate Phone ___________________ Work Phone _______________________

Address of Property Permit Request for ________________________________

Parcel ID# ________________________ Zoning District ___________________

Description of Variance: ____________________________________________

Submission Requirements:

1. Original copy of the legal description of the property. Written permission demonstrated from the owner granting permission for Variance is required. Copies of the legal description may be obtained from the property deed maintained at the County Recorder's Office in Edwardsville 692-8919.

2. Parcel Identification Number, can obtain from Godfrey Assessor's Office 466-4919.

3. Nonrefundable filing fee of $200.00 for Variance to accompany application.

4. Posting Notice: You are required to post a notice 10 days prior to public hearing date. Posters can be picked up from Building and Zoning Office.
5. Please include any pertinent information about the attached determining factors used to consider approval of your request on Pages 3 and 4.

6. Additional questions are to be directed to the Zoning Administrator, 466-1206. Additional information may be required.

7. Meetings are held at the Village Hall, 6810 Godfrey Road, at 6:45 P.M., it is necessary to be present.

8. Please sign Page 5 in the presence of a notary public prior to submitting this application.

9. Your application will be submitted to the Zoning Administrator for review, in turn, if the application meets all requirements, it will be presented to the Planning and Zoning Commission. The Commission meets once each month to consider applications. Public hearings are held at the beginning of each meeting. Five to six weeks may elapse before final action results with the Village Board of Trustees. Deadlines must be met. Please inquire.

Applicant’s Signature X

Fee Paid: __________________________ Date __________________________

Reviewed by Zoning Administrator __________________________ Date __________________________
REQUEST FOR VARIANCE

In order that the Planning and Zoning Commission may properly evaluate your application, please furnish responses to the following factors.

A. That the plight of the owner is due to unique circumstances caused by the particular physical surroundings, shape or topographical condition of the specific property involved or other reasons which would result in a particular hardship upon the owner, as distinguished from a mere inconvenience or loss of revenue, if the strict requirements of the Ordinance were applied and that the subject property cannot yield a reasonable return if permitted to be used only under the conditions allowed by the regulations applicable to the zoning district in which the property is located:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

B. That the conditions upon which the requested Variation is based would not be applicable to other property within the same zoning classification:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

C. That the alleged difficulty or hardship has not been created by any person presently having an interest in property

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

D. That the granting of the Variation will not be materially, detrimental to the public welfare or injurious to other property or improvements in the neighborhood in which the property is located and will not alter the essential character of the locality:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
E. That the proposed Variation will not impair an adequate supply of light and air to adjacent property, or substantially increase the congestion in the public streets, or increase the danger of fire, or endanger the public safety, or substantially diminish or impair property values within the neighborhood:


F. That the proposed Variation complies with the spirit and intent of the restrictions imposed by this Ordinance:


G. That the proposed Variation does not constitute a variation in use not permitted in the district:


VERIFICATION

STATE OF ILLINOIS   )
COUNTY OF MADISON  )

Being duly sworn on oath, I, ________________________, attest that all of the Information I set forth in my Application for Variance filed with the Zoning Administrator of the Village of Godfrey, an accurate copy thereof being attached hereto and made a part hereof, is true and correct to the best of my information and belief.

Applicant X______________________________

Subscribed and sworn to before me this ___________ day of ________________, 20__.  

_______________________________________

Notary Public

SEAL