

### Dates to Remember for Zoning Amendment

1. \_\_\_\_\_ - By Noon  
Last day to have completed variance application, building permit application with 8 ½" x 11" site plan, \$200.00 filing fee, and Buffered Parcels Report from St. Clair County Mapping & Platting listing the legal property owners and mailing addresses of the parcels within 250 feet of the property in to Jennifer or Vicki in the Planning & Zoning Office. Please also provide proof of applicant's property interest if the applicant is not the owner. You may also provide a copy of your Notice of Intent for review at this time.
  
- 2.. \_\_\_\_\_ - to \_\_\_\_\_ -  
"Window" for petitioner to send "Notice of Intent" notices to owners within 250 feet of parcel, either in person to owner **OR** by Certified Mail Return Receipt Requested. See Section 8.06 and sample letter attached for notice requirements.
  
3. \_\_\_\_\_ (Wednesday before the hearing) - **To Vicki:**
  - Copy of letter **AND** all green Certified Mail Return Receipts (or envelope returned from Post Office as refused) with receipt showing date received at Post Office attached to each one **OR** original letter signed by owners with date received if presented in person.
  - Statement of Compliance certifying that you have done all that is required of you as outlined in Article 8.
  
4. \_\_\_\_\_ -  
Public Hearing with Planning Commission in City Council Chambers (6:00 p.m.)

If you have any questions regarding your petition, please do not hesitate to contact Jennifer Howland or Vicki Evans at (618)624-4500, Extension 4. You may wish to call our office to ensure either Jennifer or Vicki will be available when you come in to file.

A copy of the agenda will be mailed to you Friday before the scheduled meeting. The agenda will serve as notice that your petition will be discussed that night. You will want to attend that meeting or have a representative present in your place.

PETITION FOR ZONING AMENDMENT

Planning & Zoning Department, O'Fallon City Hall
255 South Lincoln Avenue, 2nd Floor
O'Fallon, IL 62269 Phone (618) 624-4500 Ext. 4

Amendment Request No. \_\_\_\_\_
Date: \_\_\_\_\_

(Do not write in this space -- For office use only)

Date set for hearing: \_\_\_\_\_ Perm. Parcel No. \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_
Date hearing held: \_\_\_\_\_ Fee paid: \$\_\_\_\_\_ Date: \_\_\_\_\_
Newspaper: \_\_\_\_\_ Building Permit App. No. \_\_\_\_\_
Recommendation of Planning Commission: Action by City Council:
( ) Denied ( ) Denied
( ) Approved ( ) Approved
( ) Approved with modification ( ) Approved with modification
Date: \_\_\_\_\_ Date: \_\_\_\_\_

INSTRUCTIONS TO APPLICANTS: All information required by the application must be completed and submitted herewith. Applicants are encouraged to visit the Planning & Zoning Office for any assistance needed in completing this form.

- 1. Name of property owner(s): \_\_\_\_\_ Phone: \_\_\_\_\_
Mailing address: \_\_\_\_\_ E-Mail: \_\_\_\_\_
2. Applicant's name: \_\_\_\_\_ Phone: \_\_\_\_\_
Mailing address: \_\_\_\_\_ E-Mail: \_\_\_\_\_
3. Property interest of applicant (Owner, Contractor, etc.): \_\_\_\_\_
4. Address of property: \_\_\_\_\_ Parcel (Tax) ID #: \_\_\_\_\_
5. Present use of property: \_\_\_\_\_ Present Zone District: \_\_\_\_\_
Proposed use of property: \_\_\_\_\_ Proposed Zone District: \_\_\_\_\_
6. Zone District Classifications of adjacent properties: \_\_\_\_\_
7. Area of land rezoning requested for: \_\_\_\_\_ acres/square feet.
8. This application must be filed with two copies of a plat map of the subject property drawn to a scale not less than one (1) inch equals Two-Hundred (200) feet.
9. An amendment is requested to amend the zone district classification of certain described properties shown on the Zone District Map. A statement of the applicant's described reasons and factual information supporting the requested rezoning is attached.

I certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true and accurate.

I consent that the entry in or upon the premises described in this application by any authorized official of O'Fallon, Illinois for the purpose of inspecting or of posting, maintaining, and removing such notices as may be required by law.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_
Date: \_\_\_\_\_ Signature of Owner: \_\_\_\_\_

## SAMPLE NOTICE OF INTENT

[Date letter is mailed or delivered]

[Applicant name]

[Applicant address]

Dear [Property Owner's Name Here],

Please be advised that I/we have submitted a petition for a zoning amendment to the City of O'Fallon on [date petition submitted]. The zoning amendment is from [current zoning district] to [proposed zoning district].

The zoning amendment is for the property address of [subject property address], O'Fallon, Illinois.

The name and address of the property owner for this property is [name and mailing address of the property for the zoning amendment].

This letter is being sent to you as required by ordinance to the property owners within 250 feet of the zoning amendment requested property.

If you have any questions regarding the zoning amendment, please contact either the property owner or the City of O'Fallon Planning & Zoning Office at (618)624-4500 ext. 4.

Sincerely,  
XXXXX

[Applicant name and signature]

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### FOR HAND-DELIVERED LETTERS:

*If the letter is being hand-delivered to the property owner, please provide them with 2 letters. One they sign and date as received and return to you, the other they keep for their records. Put this on the hand-delivered letters:*

I/We hereby acknowledge receipt of the above notification of a Petition for Zoning Variance initiated by [Applicant name here].

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Property Owner's Signature, Their Property Address and Date

**[Date]**

This letter is to certify that I/we, **[applicant(s)]**, have complied with the requirements as outlined in the O'Fallon Zoning Code of Ordinances for the Variance for **[subject property address]**, O'Fallon, Illinois, which we filed for on **[filing date]**.

Signed,  
**[Applicant(s)]**

SAMPLE