

# Variance Application Guide

## Variance Checklist:

### 1. Verify Eligibility with Staff

Variances are regulated proposals by the State of Illinois and are <u>required to meet</u> <u>all three of the following conditions</u> to be granted:

- The property in question cannot yield a reasonable return if permitted to be used only under the conditions allowed by the applicable zoning regulations;
- 2. The plight of the owner is due to unique circumstances; and
- 3. The variance, if granted, will not alter the essential character of the locality.

Please contact staff at <a href="mailto:communitydevelopment@ofallon.org">communitydevelopment@ofallon.org</a> to confirm eligibility to request a variance.

### 2. Application requirements

- a. Variance Application form
- b. Site plan displaying the following:
  - 1. Dimensions of the lot
  - 2. Dimensions and use of all buildings
  - 3. Location of proposed elements or signage
  - 4. Variance element details (manufacturer information packet)
- c. \$225.00 filing fee
- d. Confirm hearing date with Community Development Staff



### 3. Notices

- e. Notices must be sent to all parcels within a 250-foot radius of the subject property.
  - 1. Parcel list will be provided by Community Development Staff. Notices must be submitted by the applicant.
- f. Notices must be sent by certified mail, return receipts requested.
- g. City Staff are required by law to notice parcel owners and the local publication of hearing and its contents.

### 4. Return Parcel report to Community Development Staff

h. Return or email certified mail return receipts Wednesday prior to hearing date.





communitydevelopment@ofallon.org (618) 624-4500 ext. 4

# **Variance Application Form**

Address/General Location:			
		Please check the type of application (please check one	<u>)</u> :
		<ul><li>Variance - Area / Bulk</li><li>Variance - Sign</li></ul>	
		Zoning & Land Use Information (respond to all that app	oly):
Present Zoning:	Proposed variance area (sq. ft)		
Proposed Zoning:	Property area in Acres:		
Description of hardship(s) and variance request:			
Applicant Information:	Staff Use Only		
Name:	Date Received:		
Company:	Project ID:		
Address:	Application Received By:		
Phone:	Staff Assigned:		
Email:	Application Fee:		
Signature of Applicant	Plan Review Fee Rec'd:		

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