

APPENDIX "A"

**VILLAGE OF NEW BERLIN, ILLINOIS
PETITION FOR REZONING**

TO: Zoning Hearing Officer
301 E Illinois St
PO Box 357
New Berlin, IL 62670

DATE: _____

[DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY]

Date Set for Hearing _____ Fee \$ _____

Notice Published _____ Date Paid _____

Newspaper _____

Notice Mailed to Adjacent Landowners _____

Notice Posted on Subject Property _____

Date _____

Zoning Board of Appeals
Recommendation

Village Board Action Date _____

Approve Date _____

Denied

Deny Chairman's Initials _____

Approved (Ordinance No. _____)

Approve with Modification

INSTRUCTIONS TO APPLICANTS: All information required by this Application must be completed and submitted herewith. Applicants are encouraged to visit the Village office for any assistance needed in filling out this form.

Normally there are two primary reasons for change in zoning. There are: (a) the original zoning was in error; (b) the conditions of the neighborhood have changed to such an extent or degree as to warrant re-zoning. The burden of providing substantiating evidence rests with the applicant. See Article X of the Zoning Code for further details.

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PHONE NUMBER: _____ e-mail: _____

Interest of Applicant in the Subject Property (if not owner):

1. This application must be filed with an accurate legal description and one copy of a plat map or aerial (from Sangamon County GIS) of the property showing the location of all existing and proposed structures and setbacks, and structures on all adjacent properties.

LEGAL DESCRIPTION _____
Lot, Block, Subdivision, Metes and Bounds—may be on attachment

2. Street Address AND Property Index Number (PIN) of Property

3. (a) Present Zoning District Classification of subject and adjacent properties
(show zone district boundaries on plat): _____
(b) Requested New Zoning District Classification of subject Property: _____

4. Present use of Property: _____
Proposed use of Property: _____

5. Names, addresses and phone numbers of all owners of record:

6. NAMES AND ADDRESSES OF ALL ADJACENT PROPERTY OWNERS ARE ATTACHED.

7. 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.**

DATE: _____ SIGNATURE: _____

OWNER'S CONSENT

[This part need be signed only if the applicant is different from the owner or if there is more than one owner of record.]

I consent to this requested rezoning.

APPENDIX "B"

**VILLAGE OF NEW BERLIN, ILLINOIS
PETITION FOR CONDITIONAL PERMITTED USE**

TO: Zoning Hearing Officer
301 E Illinois St
PO Box 357
New Berlin, IL 62670

DATE: _____

[DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY]

Date Set for Hearing _____ Fee \$ _____

Notice Published _____ Date Paid _____

Newspaper _____

Notice Mailed to Adjacent Landowners _____

Notice Posted on Subject Property _____

Date _____

Zoning Board of Appeals
Recommendation

Village Board Action Date _____

- Approve Date _____
- Deny Chairman's Initials _____
- Approve with Modification

- Denied
- Approved (Ordinance No. _____)

INSTRUCTIONS TO APPLICANTS: All information required by this Application must be completed and submitted herewith. Applicants are encouraged to visit the Village office for any assistance needed in filling out this form.

This form is to be used for requesting a commercial use not specifically listed in Section 40-5-1 of the Zoning Code, or an industrial use in accordance with Section 40-6-1 of the Zoning Code. See those sections for further details.

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PHONE NUMBER: _____ e-mail: _____

Interest of Applicant in the Subject Property (if not owner):

1. This application must be filed with an accurate legal description and one copy of a plat map or aerial (from Sangamon County GIS) of the property showing the location of all existing and proposed structures and setbacks, and structures on all adjacent properties.

LEGAL DESCRIPTION _____
Lot, Block, Subdivision, Metes and Bounds—may be on attachment

2. Street Address AND Property Index Number (PIN) of Property

3. (a) Present Zoning District Classification of subject and adjacent properties
(show zone district boundaries on plat): _____
(b) Requested New Zoning District Classification of subject Property: _____

4. Present use of Property: _____
Proposed use of Property: _____

5. Names, addresses and phone numbers of all owners of record:

6. NAMES AND ADDRESSES OF ALL ADJACENT PROPERTY OWNERS ARE ATTACHED.

7. Petitioner hereby requests the designated use pursuant to Section 40-5-1 or 40-6-1 of the Zoning Code. **A statement of the applicant's described reasons and factual information supporting the requested use is attached.**

DATE: _____ SIGNATURE: _____

OWNER'S CONSENT

[This part need be signed only if the applicant is different from the owner or if there is more than one owner of record.]

I consent to this requested use.

APPENDIX "C"

**VILLAGE OF NEW BERLIN, ILLINOIS
PETITION FOR ZONING VARIANCE**

TO: Zoning Hearing Officer
301 E Illinois St
PO Box 357
New Berlin, IL 62670

DATE: _____

[DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY]

Date Set for Hearing _____ Fee \$ _____

Notice Published _____ Date Paid _____

Newspaper _____

Notice Mailed to Adjacent Landowners _____

Notice Posted on Subject Property _____

Date _____

Zoning Board of Appeals
Recommendation

Village Board Action Date _____

- Approve Date _____
- Deny Chairman's Initials _____
- Approve with Modification

- Denied
- Approved (Ordinance No. _____)

INSTRUCTIONS TO APPLICANTS: All information required by this Application must be completed and submitted herewith. Applicants are encouraged to visit the Village office for any assistance needed in filling out this form.

An applicant for variance must show that (a) the property in question cannot yield a reasonable return if permitted to be used only under the conditions allowed by the regulations in the zone; (b) the plight of the owner is due to unique circumstances; (c) the variation, if granted, will not alter the essential character of the locality. The burden of providing substantiating evidence is on the applicant.

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PHONE NUMBER: _____ e-mail: _____

Interest of Applicant in the Subject Property (if not owner):

1. This application must be filed with an accurate legal description and one copy of a plat map or aerial (from Sangamon County GIS) of the property showing the location of all existing and proposed structures and setbacks, and structures on all adjacent properties.

LEGAL DESCRIPTION _____
Lot, Block, Subdivision, Metes and Bounds—may be on attachment

2. Street Address AND Property Index Number (PIN) of Property

3. Area of land variance requested for _____ square feet.

4. (a) Present Zoning District Classification of subject and adjacent properties
(show zone district boundaries on plat): _____

(b) Nature of requested variance: _____

5. Present use of Property: _____

6. Names, addresses and phone numbers of all owners of record:

7. NAMES AND ADDRESSES OF ALL ADJACENT PROPERTY OWNERS ARE ATTACHED.

8. A variance is requested to vary the requirements of the Zoning Code with respect to the property described herein. **A statement of the applicant's described reasons and factual information supporting the requested variance is attached.**

DATE: _____ SIGNATURE: _____

OWNER'S CONSENT

[This part need be signed only if the applicant is different from the owner or if there is more than one owner of record.]

I consent to this requested variance.

