

**CITY OF TRENTON, ILLINOIS
APPLICATION FOR LOT SIZE/BULK VARIANCE**

FOR OFFICE USE ONLY			
Date Filed:		Variance Application No. V-	
Date Set for Hearing:		Parcel No.:	Zoning District:
Filing Fee:	Date Filing Fee Paid:	Date Hearing Held:	
Date Notice Published:		Newspaper:	Publication Fee:
No. of Mailings:		Date Mailed:	Mailing Fee:
Plan Commission: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved, with Modifications			
Date of Recommendation:		Total Fees to be Paid:	
City Council Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved, with Modifications			
Date of Decision:		Ordinance Number:	
APPLICANT INFORMATION			
INSTRUCTIONS TO APPLICANTS: You must provide all of the information requested below before a hearing will be scheduled before the Plan Commission. You must include your APPLICATION FOR RESIDENTIAL BUILDING PERMIT with this form. If you require assistance completing this form, please contact the Zoning Administrator.			
Applicant(s) Name(s):			Telephone:
Applicant(s) Address:			
Property Owner Information (If Different than Applicant)			
Owner(s) Name(s):			Telephone:
Owner(s) Address:			
Interest of Applicant(s): <input type="checkbox"/> Owner <input type="checkbox"/> Contract Purchaser <input type="checkbox"/> Lessee <input type="checkbox"/> Other			
If "Other", specify interest:			
Has an appeal/variance been previously filed for any portion of this property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", list all previous appeals and/or variance applications (Include Dates):			
Address of Requested Variance:			Attach legal description of property to application on separate sheet
Existing Use of Property:			
Does the existing use of the property conform to all use regulations of the zoning district in which it is located? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "No", specify each non-conforming use:			
Do all existing structures (both principal and accessory) comply with all lot size and bulk regulations of the zoning district in which they are located? <input type="checkbox"/> Yes <input type="checkbox"/> No			

If "No", specify each non-conforming condition:

Which physical characteristics of the lot prevent reasonable use for any of the uses permitted in that zoning district?

Too Narrow Too Shallow Topography Drainage Shape Soil Sub-surface
 Other

If "Other", specify:

Are these characteristics unique to the property described in this application? Yes No

If "No", which other properties are similarly affected? (List addresses):

What is the minimum modification (variance) from the lot size/bulk regulations that will permit you to make reasonable use of your lot? (Be specific. Attach maps and/or site plans with dimensions, if necessary.)

Is this property located within a flood-prone area? Yes No

APPLICANT CERTIFICATION

I (we) hereby request a lot size/bulk variance for the property described in this application.

I (we) hereby certify that all of the above statements, and all of the statements contained in any papers, plans, or attachments submitted with this application are true and accurate to the best of my (our) knowledge.

I (we) hereby consent to the entry in or upon the premises described in this application by any authorized official of the City of Trenton, Illinois for the purposes of inspecting the premises, or for posting, maintaining, or removing any notices as required by law.

I (we) further acknowledge and agree that I (we) am (are) required to reimburse the City of Trenton for costs of fulfilling all procedural requirements, including mailings and publications. Said costs shall be invoiced in detail by the City, and shall be paid by the applicant(s) prior to any hearing.

I (we) understand that I (we) have the option of requesting the services of a court reporter to document the proceedings of any hearing, at my (our) expense.

Applicant Signature:

Date:

Applicant Signature:

Date:

Owner Signature (if applicable):

Date: