

# Woodford County Zoning

## Special Use Checklist

☐ **Application Form completed and signed (both locations)**

-If the landowner and Special Use applicant are different both must sign on page 1.

☐ **Detailed narrative explaining the project**

-address the “Findings of Fact” (see application page 2) to the best of your ability

☐ **Signage**

-If signage is desired, please include it in your request

☐ **Site Plan**

- Provide drawings of the structures, parking, signage, etc. Existing and proposed

☐ **Septic**

-If there will be Bathrooms or Bedrooms contact the Health Department to understand your requirements before applying. Notate your understanding of this in your narrative.

☐ **Soil and Erosion Control**

-Non-Commercial requests -non-permeable surfaces over 5,000 sq.ft. and ALL new homes require a permit. Notate your understanding of this requirement in your narrative.

-Commercial Requests -Storm Water Pollution Protection Plan (SWPPP) required for all non-permeable surfaces over ½ acre. Notice of Intent (NOI) filed with IEPA for all disturbed land 1 acre or more.

☐ **Floodplain**

- Floodplain permitting requirements will be discussed if needed, this includes requirements for IDNR-OWR, Army CoE, and IEPA submissions and permitting.

☐ **Permitting Timeline**

- PERMITS ARE REQUIRED TO BE OBTAINED WITHIN 90 DAYS OF APPROVAL, if you require additional time to obtain permits you must include it in your application.

☐ **Fees**

- Application costs \$200.00 for the first 5 acres plus \$10.00 for each acre over 5.

- Publication and Mailing costs, these will be billed separately and must be paid by the hearing date.

- Payments accepted CASH or CHECK only.

If you have questions please contact the office at [wczoning@woodfordcountyiil.gov](mailto:wczoning@woodfordcountyiil.gov) or 309-467-3023

**Application for SPECIAL USE under the regulations of the Woodford County Zoning Ordinance**

DATE \_\_\_\_\_

CASE # \_\_\_\_\_

**Applicant**

**Owner**

( IF DIFFERENT THAN APPLICANT )

A. Name: \_\_\_\_\_

B. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

e-mail: \_\_\_\_\_

Printed name \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

C. Legal description of property must be attached.

D. Zoning District in which property is located \_\_\_\_\_

E. What type of Special Use is desired? \_\_\_\_\_

F. Section of the Ordinance allowing Special Use \_\_\_\_\_

G. Attach documentation verifying that the proposed use meets all criteria described for granting a Special Use in the District where the use is requested.

H. Additional information may be requested on a case by case basis.

a. Attach a site plan containing a minimum of the following:

1. Scaled drawing.
2. Title block showing owner, developer, engineer and date of drawing.
3. All property lines and structures existing and proposed.
4. Utility easements and sewer and water systems, existing and proposed.
5. Drainage, existing and proposed.
6. Erosion and storm water control plan.
7. All setbacks, yards, and buffer strips as required for the type of Special Use requested.
8. Additional information may be required on a case by case basis.

b. That all Special Use requests which require sewage disposal be accompanied by results of at tests that must be taken according to the rules and regulations specified by the County and/or State Health Department. Borings must be taken in an area where the septic system is proposed to be located.

**(OVER)**

Township: \_\_\_\_\_

Permanent Parcel No. \_\_\_\_\_ Acreage \_\_\_\_\_

Present Use \_\_\_\_\_

Has a previous Special Use been requested for this property? \_\_\_\_\_

**Attach a narrative, detailing how your application conforms to the following:**

“The Zoning Board of Appeals shall make a finding that the granting of the Special Use:”

- A. Will not be detrimental to the public health, safety, and welfare;
- B. Will not be injurious to the use and enjoyment of other property in the immediate vicinity for the purpose already permitted. The applicant need not demonstrate complete compatibility, but the applicant shall demonstrate reasonable efforts to minimize incompatibility;
- C. Will not be injurious to the district in which it shall be located;
- D. Will not impede the normal and orderly development and improvement of the surrounding property for uses permitted in the districts;
- E. That adequate utilities, access roads, drainage and/or other necessary facilities have been or are being provided;
- F. That adequate measures have been or will be taken to provide ingress and egress so designed as to minimize traffic congestion in the public roads;
- G. Is consistent with the Woodford County Comprehensive Land Use Plan.

I (we) certify that this proposed Special Use will conform to the standards for Special Uses in the Woodford County Zoning Ordinance, and that all of the above statements and the information contained in any attachments, documents or plans submitted herewith are true to the best of my (our) knowledge and belief.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Unless otherwise requested, I understand commencement of the special use must begin within 90 days of approval or such grant shall expire.**

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FOR OFFICIAL USE ONLY

FILING FEE \$ \_\_\_\_\_

RECEIPT # \_\_\_\_\_

PUBLICATION COST \$ \_\_\_\_\_

RECEIPT # \_\_\_\_\_

HEARING DATE \_\_\_\_\_

DECISION DATE \_\_\_\_\_