



VARIANCE APPLICATION

COMMUNITY DEVELOPMENT CENTER
921 S. STATE ST.
Lockport, IL 60441

www.cityoflockport.net

MAIN: (815) 838-0549 Option 4
FAX: (815) 588-0111

APPLICATION REVIEW PROCESS—A SUMMARY

1. PRE-APPLICATION CONFERENCE

Every applicant is encouraged to participate in a pre-application conference to initiate the review process for each variance case. The pre-application conference allows the applicant to familiarize themselves with the City's development objectives and procedures, and to learn about any special circumstances that may exist or be applicable to the subject property.

The request for pre-application conference should be made to the Zoning Administrator not less than five (5) working days prior to the desired date of the conference. If the applicant has any plat of surveys, maps, data, or other information which may be necessary to illustrate or describe the characteristics of the proposed variance, the applicant shall deliver to the Planning Dept. one (1) copy of such information at the time of the request for a pre-application conference.

2. STAFF REVIEW

The Zoning Administrator shall review each variance application and any accompanying drawings, supporting documentation and statements in order to determine whether such application is consistent with all City requirements. If the application is completed, the Zoning Administrator will then determine what meeting the applicant will be scheduled for.

3. ADMINISTRATIVE AND/OR PLAN & ZONING COMMISSION REVIEW

Upon completion of the review of the application the Zoning Administrator shall prepare a staff report and recommendation based upon his/her evaluation of the variance request. The Zoning Administrator shall make the report, copies of the application and any drawings, statements, and a report of compliance or non-compliance available to the public and/or Plan and Zoning Commission.

The Plan & Zoning Commission is responsible for interpreting the City's Zoning Code. The Commission can make recommendations to vary the requirements of the Zoning Ordinance.

All decisions of the Plan & Zoning Commission are to be final administrative determinations, and shall be subject to review by a court of law in the manner by the applicable state statute.

2017 Meeting Schedule

Application Submittal Deadline	Projected Plan & Zoning Commission Meeting 7:00 PM
12/20/16	2/14/17 (Tuesday)
1/24/17	3/14/17 (Tuesday)
2/14/17	4/11/17 (Tuesday)
3/14/17	5/9/17 (Tuesday)
4/18/17	6/13/17 (Tuesday)
5/16/17	7/11/17 (Tuesday)
6/13/17	8/8/17 (Tuesday)
7/18/17	9/12/17 (Tuesday)
8/15/17	10/10/17 (Tuesday)
9/19/17	11/14/17 (Tuesday)
10/17/17	12/12/17 (Tuesday)

Meeting Location: All of the above listed meeting are located at Central Square – 222 E. Ninth Street, 3rd Floor Council Chambers, Lockport, Illinois 60441

General Notes

1. All applications must to be submitted to the Planning Department, located in the Community Development Center at 921 S. State Street.
2. Incomplete application submittals will not be accepted by the City or reviewed by City staff until all items are submitted and all application fees are paid. Submittals will be reviewed for compliance with the requirements of the submittal process as well as the requirements of the Zoning and Development Code. Failure to meet the requirements may result in an incomplete application and subsequent delay of the petition.
3. Staff reserves the right to postpone any application to a future meeting if information is incomplete or if agenda is full.
4. Applicants are urged to confirm all dates with Staff as dates in this schedule may change without notice.
5. Applicants or their representative must be present at the scheduled meetings or their case will be postponed.

COMMUNITY DEVELOPMENT DEPARTMENT

921 S. State Street
Lockport, Illinois 60441
Telephone: (815) 838-0549
Fax: (815) 588-0111

Variance Application
(check whichever applies)

() Residence () Commercial () Office () Industrial

Applicant: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

PLEASE CHECK ONE OF THE FOLLOWING:

- () Applicant is owner of the subject property and is the signer of this application.
- () Applicant is the contract purchaser of the subject property and has attached a copy of said contract.
- () Applicant is acting on behalf of the beneficiary of a trust.
- () Applicant is acting on behalf of the owner (notarized letter of consent from owner required)

In the event that the subject property is held in a trust, a notarized letter from an authorized trust officer identifying the applicant as an authorized individual acting in behalf of the beneficiaries and providing the name, address and percentage of interest of each beneficiary is attached to this executed application.

SUBJECT PROPERTY INFORMATION:

LOCATION: _____

NUMBER OF ACRES: _____ TAX PARCEL _____

PRESENT ZONING: _____ CURRENT USE: _____

LEGAL DESCRIPTION/PLAT OF SURVEY: _____ (attached)

OTHER INTERESTED PARTIES

CONTACT PERSON:

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

LAND OWNER:

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

LAND PLANNER:

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

SURVEYOR:

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

ENGINEER:

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

ATTORNEY:

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

OTHER:

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

CITY OF LOCKPORT
921 S. STATE ST. LOCKPORT, IL 60441
Phone: 815-838-0549 Fax: 815-588-0111

Homeowners Association Compliance Form

Name of Owner: _____ Date: _____

Address: _____ Lot #: _____

Subdivision: _____ Phone #: _____

Describe work to be done: (Include sketches, plat of survey and other plans)

Work to be done has been approved by the applicable Homeowners Association: Yes () No ()

Work to be done is in compliance with Homeowners Association Covenants: Yes () No ()

If no please explain approval:

Signature of Applicant/ Owner: _____ Date: _____

Signature of Homeowners
Association Representative: _____ Date: _____

Print Name and Title: _____

VARIANCE APPLICATION SUBMITTAL REQUIREMENTS

(All items required)

- One (1) original completed variance application form.
- Plan & Zoning Commission Variance Payment of application fee. **(\$600 application fee, plus \$50 for each additional variance requested at the same time per Lockport Zoning Code Section 156.166 (A)(2)) Application fees are NON-refundable**
- OR**
- Administrative Variance Payment of application fee **(\$350 application fee, plus \$50 for every additional variation requested at the same time per Lockport Zoning Code Section 156.166 (A)(3)) Application fees are NON-refundable**
- One (1) copy of the Plat of Survey including a Legal description of the property (to scale).
- One (1) Plat of Survey showing proposed change.
- Completed Homeowners Association Compliance Form **(If no homeowner association, please indicate N/A on application page)**

State of Illinois)
County of Will)
City of Lockport)

SS.

No. _____

PETITION FOR VARIATION OF ZONING

TO THE CITY OF LOCKPORT PLAN & ZONING COMMISSION

I hereby petition the City of Lockport Plan & Zoning Commission for a hearing to modify the application of the Zoning Ordinance for the following described property; common address and legal description:

Zoning Code Section: _____

Variance Proposal: _____

REASONS FOR VARIANCE:

1. Strict enforcement of the present zoning ordinance would involve practical difficulties or impose exceptional hardship for the following reasons:

2. The principal reason for requesting a variation is not that an increased income or revenue from the property would result, but is

3. The property here involved is differently affected by strict enforcement of the present zoning than other property in the neighborhood in that

4. The variation requested is in harmony with the general intent and purpose of the zoning ordinance in that

5. (a) The variation requested will not materially affect or impair an adequate supply of light or air in that

(b) The variation requested will not increase the hazard from the fire and other dangers in that

(c) The variation requested will not diminish the value of adjoining property in that

(d) The variation requested will not increase congestion or traffic hazards in the public streets in that

(e) The variation requested will not impair otherwise the public health, safety, comfort, morals, and general welfare of adjoining property in that

Signature of Petitioner ***MUST BE NOTARIZED**

Date Signed

I, _____, being on oath first duly sworn, depose and say that I have read the above and foregoing petition by me subscribed, known the contents thereof and that the same is true and correct to the best of my knowledge and belief.

SUBSCRIBED and Sworn to _____

Before me; a Notary Public;

This _____ day of _____

A.D. 20_____

Notary Public

Internal Use Only:

Type of Variance: () Administrative () Plan & Zoning

Application Received	Date: _____	Initials: _____
Application Approved	Date: _____	Initials: _____
Approval from Zoning Administrator	Date: _____	Initials: _____
Approval from PZ	Date: _____	Initials: _____
Applicant Notified	Date: _____	Initials: _____

Comments: _____

