



City of East Dubuque
Zoning Department
East Dubuque, IL 61025
Phone: 815-747-3416
Fax: 815-747-2973
comments@cityofeastdubuque.com

PLANNING/ZONING APPLICATION FORM

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Variance | <input type="checkbox"/> Preliminary Plat | <input type="checkbox"/> Simple Subdivision | <input type="checkbox"/> Certificate of Appropriateness |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Major Final Plat | <input type="checkbox"/> Text Amendment | <input type="checkbox"/> Advisory Design Review (Public Projects) |
| <input type="checkbox"/> Appeal | <input type="checkbox"/> Minor Final Plat | <input type="checkbox"/> Temporary Use Permit | <input type="checkbox"/> Certificate of Economic Non-Viability |
| <input type="checkbox"/> Special Exception | <input type="checkbox"/> Simple Site Plan | <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Designation _____ |
| <input type="checkbox"/> Limited Setback Waiver | <input type="checkbox"/> Minor Site Plan | <input type="checkbox"/> Historic Revolving Loan | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Major Site Plan | <input type="checkbox"/> Historic Housing Grant | <input type="checkbox"/> Other _____ |

Please type or print legibly in ink

Property owner(s): _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Fax #: _____ Cell #: _____ E-mail: _____

Applicant/Agent: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Fax #: _____ Cell #: _____ E-mail: _____

Site location/address: _____ Neighborhood Association: _____

Existing zoning: _____ Proposed zoning: _____ District: _____ Landmark: Yes No

Legal Description (Sidwell parcel ID# or lot number/block number/subdivision): _____

Total property (lot) area (square feet or acres): _____

Describe proposal and reason necessary (attach a letter of explanation, if needed): _____

CERTIFICATION: I/we, the undersigned, do hereby certify/acknowledge that:

1. It is the property owner's responsibility to locate property lines and to review the abstract for easements and restrictive covenants.
2. The information submitted herein is true and correct to the best of my/our knowledge and upon submittal becomes public record;
3. Fees are not refundable and payment does not guarantee approval; and
4. All additional required written and graphic materials are attached.

Property Owner(s): _____ Date: _____

Applicant/Agent: _____ Date: _____

FOR OFFICE USE ONLY – APPLICATION SUBMITTAL CHECKLIST

Fee: _____ Received by: _____ Date: _____ Docket: _____