



# Application for Zoning Appeals

# ZONING BOARD OF APPEALS

**The application fee must accompany the application when submitted for processing.** Please refer to the City’s website at <http://www.urbanaininois.us/fees> for the current fee associated with this application. **The Applicant is also responsible for paying the cost of legal publication fees.** Estimated costs for these fees usually run between \$75.00 and \$225.00. The applicant will be billed separately by the News-Gazette.

### DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY

Date Request Filed \_\_\_\_\_ ZBA Case No. \_\_\_\_\_  
Fee Paid - Check No. \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

APPEAL is taken from the enforcing officer’s decision, a copy of which is attached, for a reversal or modification of said decision in conformity with the discretionary powers of the board to permit the following use or construction proposed \_\_\_\_\_ on the property described below, and in conformity with the plans on the application.

#### 1. APPLICANT CONTACT INFORMATION

Name of Applicant(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Address (*street/city/state/zip code*): \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Property interest of Applicant(s) (*Owner, Contract Buyer, etc.*): \_\_\_\_\_

#### 2. OWNER INFORMATION

Name of Owner(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Address (*street/city/state/zip code*): \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Is this property owned by a Land Trust?  Yes  No  
*If yes, please attach a list of all individuals holding an interest in said Trust*

#### 3. PROPERTY INFORMATION

Location of Subject Site: \_\_\_\_\_  
PIN # of Location: \_\_\_\_\_  
Lot Size: \_\_\_\_\_

Current Zoning Designation:

Current Land Use (*vacant, residence, grocery, factory, etc*):

Proposed Land Use:

Legal Description (*If additional space is needed, please submit on separate sheet of paper*):

#### **4. CONSULTANT INFORMATION**

**Name of Architect(s):**

Phone:

Address (*street/city/state/zip code*):

Email Address:

**Name of Engineers(s):**

Phone:

Address (*street/city/state/zip code*):

Email Address:

**Name of Surveyor(s):**

Phone:

Address (*street/city/state/zip code*):

Email Address:

**Name of Professional Site Planner(s):**

Phone:

Address (*street/city/state/zip code*):

Email Address:

**Name of Attorney(s):**

Phone:

Address (*street/city/state/zip code*):

Email Address:

#### **5. SUMMARY OF PARTIES' POSITION IN THIS APPEAL:**

The specific decision appealed from is:

The decision appealed from was inconsistent with the following sections of the Zoning Ordinance of the City of Urbana, Illinois. ***(IDENTIFY EACH SECTION BY NUMBER AND QUOTE THE RELEVANT LANGUAGE OF EACH.)***

I believe the decision appealed from was inconsistent with the above described section(s) for the following specific reason(s): ***(BRIEFLY STATE THE SPECIFIC FACTS AND ARGUMENTS IN SUPPORT OF YOUR POSITION.)***

***NOTE: If additional space is needed to accurately answer any question, please attach extra pages to the application.***

***By submitting this application, you are granting permission for City staff to post on the property a temporary yard sign announcing the public hearing to be held for your request.***

**CERTIFICATION BY THE APPLICANT**

I certify all the information contained in this application form or any attachment(s), document(s) or plan(s) submitted herewith are true to the best of my knowledge and belief, and that I am either the property owner or authorized to make this application on the owner's behalf.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**PLEASE RETURN THIS FORM ONCE COMPLETED TO:**

City of Urbana  
Community Development Department Services  
Planning Division  
400 South Vine Street, Urbana, IL 61801  
Phone: (217) 384-2440  
Fax: (217) 384-2367