



Application for Certificate of Exemption

There is a fee that must accompany the application when being submitted. Please refer to the City's website at <http://www.urbanaininois.us/fees> for the current fee associated with this application. The Applicants are also responsible for paying the cost of the recording fee as well. The cost of the fee generally begins at a minimum of \$75.00 and ranges upward depending upon the number of pages of required associated documents. Staff will calculate the final recording fee depending on the number of pages to be recorded and request a check from the applicant be made out to the Champaign County Recorder prior to the document being recorded.

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY

Date Request Filed _____ Plan Case No. _____

Fee Paid - Check No. _____ Amount _____ Date _____

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

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 Grantee(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.

Name of Grantor(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.

NOTE: *Applications must be submitted by the owners of more than 50% of the property's ownership.*

3. PROPERTY INFORMATION

Grantee(s) Address/Location of Subject Site:

PIN # of Location:

Lot Size:

Current Zoning Designation:

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

Legal Description of Grantee(s) Property prior to Certificate of Exemption (*If additional space is needed, please submit on separate sheet of paper*):

Grantor(s) Address/Location of Subject Site:

PIN # of Location:

Current Zoning Designation:

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

Lot Size: feet x feet = square feet

Legal Description of Grantor(s) Property prior to Certificate of Exemption (*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. CONVEYANCE OF PROPERTY

(*Grantor's Name*)

proposes to convey

(*Address of Property to be Conveyed*)

to (*Grantee's Name*)

(*Address of Adjoining Owner's Property*)

After said conveyance the legal description of the *Grantor's* tract shall be as follows

And the legal description of the *Grantee's* tract after conveyance shall be as follows

Said conveyance is exempt from the requirement to file a subdivision plat thereof in that the division meets the following criteria:

1. The change in any one existing lot or parcel is no more than twenty-five (25) feet wide on any side at any point; and
2. The portion of a lot removed from one (1) parcel or lot and affixed to another does not exceed ten thousand (10,000) square feet; and
3. The total number of lots is not increased from the number existing prior to the subdivision.

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

An Affidavit for Certificate of Exemption must be submitted with this application. The Affidavit must be filled in, signed and notarized. Notary Publics are available in the Community Development Services Department during regular business hours to witness any required signatures.

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