

City of St. Elmo, Illinois  
*Application For Variance Of Zoning Regulations*

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of lot(s): \_\_\_\_\_

Zoning District: \_\_\_\_\_ Date: \_\_\_\_\_

Specific Zoning regulations(s) to be affected by variance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain in detail, what affect the special use would have on the overall character of the general vicinity. If little or no affect is expected, explain why. (Address items such as: appearance; property values; attraction of future similar development; street access; parking; provisions of public utilities and services; traffic flow around site; noise; odor; hazardous substances or operation, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide a **plan sketch, drawn to scale**, showing: The general project site location; dimension and shape of the lot; front, side and rear yard setbacks; location of any existing or proposed structures or alterations on the lot; and complete outside dimensions and heights of any proposed structures or alterations. This sketch is your final sketch. Any changes to the plans after submitted this sketch will require reapplying for the permit involving another hearing and an additional \$45.00 fee.

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(City use only)

Date of public hearing: \_\_\_\_\_ \$45.00 fee paid

Request for variance permit: \_\_\_\_\_ approved \_\_\_\_\_ denied by the  
Conditions of Approval:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Denial:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Chairperson, Zoning Board of Appeals