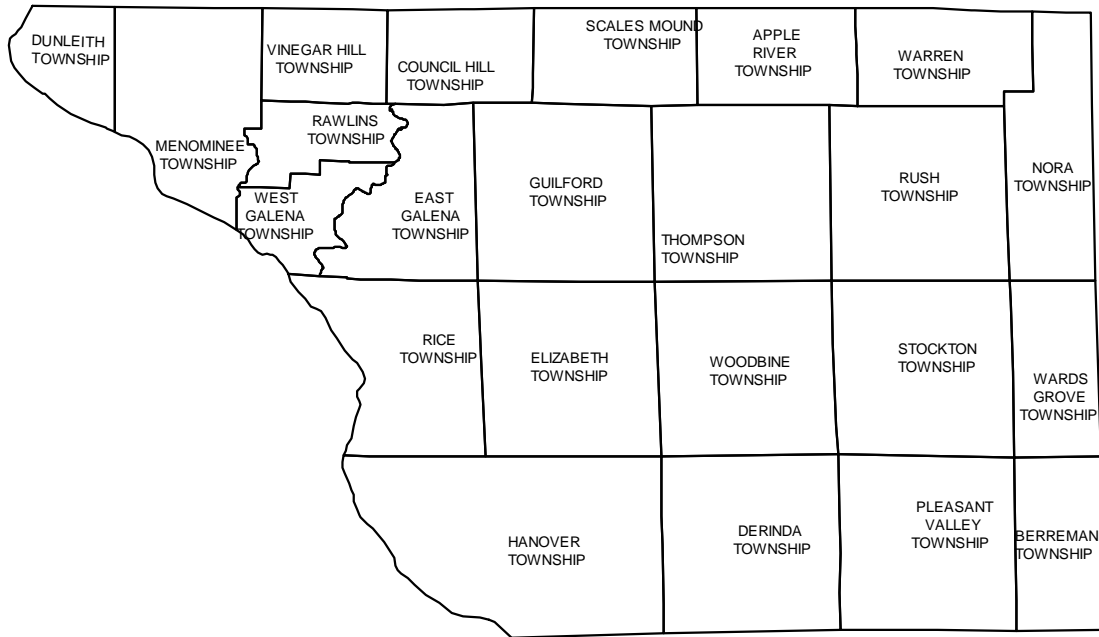


Zoning Certificate Application for Guest Accommodations



Revised 03/21/2024

***Jo Daviess County Planning & Development Department
1 Commercial Drive, Suite 1
Hanover, IL 61041
Telephone (815) 591-3810 --Fax (815) 591-2728
Kristina Tranel, Planning & Development Administrator***

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**ZONING CERTIFICATE APPLICATION FOR
GUEST ACCOMMODATIONS**

Owner

Name: _____

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

Phone: _____ Email: _____

Contract Purchaser/Petitioner if other than Owner:

Name: _____

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

Phone: _____ Email: _____

Subject Property:

1. Common address: _____
2. Property Tax ID Code: ____ - ____ - ____ - ____
3. Acreage or dimensions: _____
4. Square footage of the house: Finished _____ Unfinished _____ Total _____
5. Number of Bedrooms _____
6. Brief legal description: _____

Additional Information: _____

Petitioner/Applicant	Date
OFFICE USE ONLY	
Approved/Denied Stamp Here	
Received By: _____	Date: _____
Official Signature: _____	
Conditions: _____	

CONSENT TO ON-SITE INSPECTION

Your petitioner(s), _____, respectfully represent to the Planning & Development Department of Jo Daviess County, as follows:

That _____, are the owners of record of the real Estate which is the subject of this petition and more commonly known as

Address

City

Township

That the Petitioners are requesting a Zoning Certificate for Guest Accommodations for the subject property.

That the petitioners of the described real estate do hereby freely and voluntarily consent to inspection of the site, for the Zoning Certificate for Guest Accommodations by the Jo Daviess County Planning & Development Department, and hereby release such persons from any liability based in whole or in part on the inspection of the parcel in question.

That in exchange for the above actions by the Petitioner(s), Jo Daviess County agrees that at least one (1) person from the Planning & Development Department will inspect the parcel in question considering the standards for the Zoning Certificate.

(Owner) Signature

(Owner) Signature

SUBSCRIBED and SWORN to before me

this _____ day of _____, 20____.

NOTARY PUBLIC

**Submittal Requirements for Zoning Application for
Guest Accommodations**

Checklist

Please Submit 2 Copies of each

- Petition (Application)
- Legal description– complete legal description
- Evidence of Title (Deed or Title Policy)
- Application fee - \$500.00
- Site Plan – A detailed site plan indicating:
 - a. the size, shape and dimensions of the property on which the proposed guest accommodations or guest house/home is located or is proposed to be located;
 - b. the location of the proposed guest accommodations or guest house/home on the property and the distances from all property lines;
 - c. the location and dimensions of the driveway and off-street parking area,
 - d. the location of all permanent outdoor activity areas, e.g. decks and hot tubs and their distance from all property lines.
- Driveway & Parking Grades: Grades for the driveway and the parking area completed by a licensed surveyor or engineer
- Septic & Water: Approval from the Jo Daviess County Health Department
- Landscaping Plan
 - a. indicate existing screening and mature height
 - b. proposed screening and the height at time of planting and mature height
 - c. indicate what each type of tree is conifer (evergreens) or deciduous (all other)
- Building plan – A building floor plan at a scale of not less than 1/4”-1’ must be provided indicating the bedrooms and other areas to be used for guest accommodations. The building plan must also include all floor levels, including unfinished space that may be subsequently finished for living accommodations.
- Property Lines: staking of side and rear lot lines every 30 feet around perimeter of lot. (Variances may be allowed for larger lots.)

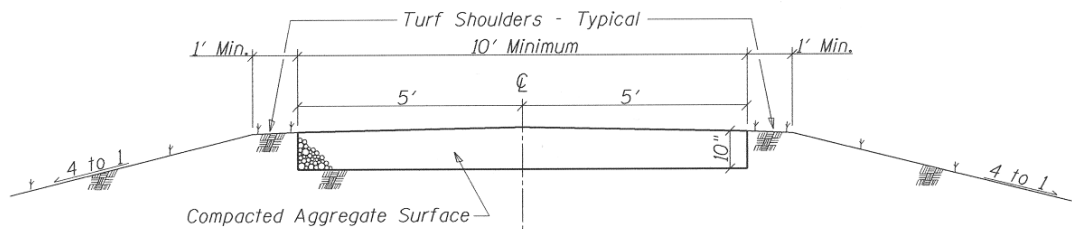
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GUEST ACCOMMODATIONS AND GUEST HOUSE/HOMES: STANDARDS (8-5B-46)

A. **Application** – Application for a zoning certificate shall be filed with the Zoning Administrator in such form and in such manner as he or she requires. No Zoning Certificate will be issued by the Zoning Administrator without meeting the Standards listed under this section.

B. **Guest Accommodation and Guest House/Home Standards:**

1. **Parking:** Each and every facility shall provide no less than one parking place for every two (2) persons for which the licensed facility provides occupancy. Each off-street parking space shall be at least nine (9) feet wide by twenty (20) feet long. Such parking must be provided and arranged in such a manner that any emergency vehicle can drive up to and park within 100 feet of the main entrance to the facility without being impeded by parked vehicles. The area designated for off-street parking must not have a slope greater than 8% and shall be surfaced with at least ten (10) inches of compacted aggregate. An off-street parking design plan must be submitted. Overnight parking on Township, County or State roads adjacent to the facility is prohibited.
2. **Ingress/Egress:** Each and every facility shall provide access roads at a grade no greater than 15% at any one point and the surface shall be no less than ten (10) inches of compacted aggregate with a ten (10) foot driving surface, one (1) foot shoulders on each side consisting of a material type other than that of the driveway surface grade being ½ inch per foot, with four to one (4 to 1) side slopes off of the shoulder.



Typical Driveway Section

3. **Access Sight Distance:** Each and every facility shall have sight distance adequate for road type accessing on and off of as indicated by the AASHTO (American Association of State Highway and Transportation Officials) A Policy on Geometric Design of Highways and Streets, 2001, Fourth Edition manual, as amended. (Ord. 2009-3, 5-12-2009)
4. **Building Siting And Orientation:** Structures, as defined in chapter 7 of this title, including all outdoor activity areas (excluding detached accessory buildings and fencing) shall be so located on the property as follows:
 - a. Five feet (5') from the side lot line per bedroom, with a minimum of fifteen feet (15') and a maximum requirement of thirty-five feet (35')

- b. Thirty feet (30') from the rear lot line
- c. Front setback shall be in accordance with public street setbacks.
 - (1) Major highways (federal or state): Seventy-five feet (75') from the property line, or one hundred twenty-five feet (125') from the centerline of the right of way, whichever is greater.
 - (2) Primary or secondary thoroughfares (county highways): Sixty feet (60') from the property line, or one hundred ten feet (110') from the centerline of the right of way, whichever is greater.
 - (3) All other streets: Fifty feet (50') from the property line, or eighty feet (80') from the centerline of the right of way, whichever is greater. (Ord. 2015-7, 11-10-2015)

5. Outdoor activity areas: Each and every facility shall provide adequate screening around any outdoor activity area (e.g. hot tubs and decks) as determined by the Zoning Administrator. (Natural screening shall be at a minimum of no less than 3 feet in height at time of planting) & (Fencing shall be no less than six (6) feet in height and shall be a solid fence (no more than fifty (50) percent view through the fence).

6. Septic: Each and every facility (if not on central sewer) shall have a septic system designed according to the current Illinois Private Sewage Disposal Licensing Act and Code.

C. Zoning Certificate: A Zoning Certificate shall be valid for a period no longer than twelve (12) months from the date of issuance unless a Guest Accommodation License is procured. Zoning Certificate shall remain in effect as long as a current license is maintained under the County's Guest Accommodations Ordinance regardless of a change in ownership. (Ord. 2009-3, 5-12-2009)

JO DAVIESS COUNTY HEALTH DEPARTMENT
9483 US RT. 20 WEST, PO BOX 318
GALENA IL 61036
815-777-0283 phone, 815-777-2977 fax
Envhealth@jodaviesscountyil.gov

GUEST ACCOMMODATIONS CHECKLIST

Applicant Please Fill Out Top Portion and Submit Form to Health Department

DATE: _____

NAME OF APPLICANT: _____

PHONE: _____

RENTAL UNIT ADDRESS: _____

BEDROOM NUMBER: _____

HOUSE SERVED BY CENTRAL SEWER OR PRIVATE SEPTIC SYSTEM?

GARBAGE DISPOSAL IN HOME (Y/N) _____

HOUSE SERVED BY CENTRAL WATER OR PRIVATE WELL?

Note: The septic tank must be pumped out a minimum of once every four years or as often as the County Health Officer may require. A copy of the pumper's report shall be provided to the Planning & Development Department.

Well water must be tested a minimum of once every year for bacteria and nitrates. A copy of the **safe** test results shall be provided to the Planning & Development Department.

For Office Use:

Soil Borings Completed? Y / N

Septic system size corresponds to bedroom number? Y / N

Year Septic System Installed: _____

Expansion/Replacement Area Available on Lot? Y / N

COMMENTS: _____

APPROVED? Y / N

Signed: _____

Jo Daviess County Health Dept., Environmental Health Division

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Jo Daviess County Planning & Development

Kristina Tranel, Planning & Development Administrator

1 Commercial Drive Suite 1

Telephone: (815) 591-3507 or (815) 591-3810

Email: plan@jodaviesscountyil.gov

Hanover, IL 61041

Fax: (815) 591-2728

Website: www.jodaviesscountyil.gov

Fee Schedule

Zoning Certificates:

Guest Accommodations----- \$500.00

GUEST ACCOMMODATIONS

Guest Accommodations License:

Guest Accommodations:

Initial fee guest accommodation license for a facility other than a Guest House/Home:
\$400.00

Annual fee guest accommodation license for a facility other than a Guest House/Home:
\$325.00

Guest Home/House:

Initial fee: ----- \$400.00

Annual fee: ----- \$325.00

ACTION TO CORRECT A VIOLATION

When any action is taken to correct a violation of any kind the fee will be increased by 50%.

The Jo Daviess County Planning & Development Fee schedule can be viewed in its entirety by visiting our website www.jodaviesscountyil.gov or a copy may be requested.