



City of Streator
204 South Bloomington Street
Streator, Illinois 61364
Phone: (815) 672-2517
Fax: (815) 672-7566

Permit #: _____

VARIANCE APPLICATION

Applicant Name: _____ Primary Phone #: _____

Mailing Address: _____ City/State/Zip: _____

Applicant's Representative: _____ Primary Phone #: _____

Mailing Address: _____ City/State/Zip: _____

1. Application fee:

- \$100 for a single-family zoning classification or a non-residential zoning classification
- \$300 for a more than single family zoning classification under one acre
- \$300 for a non-residential zoning classification
- \$750 for residential zoning classification equal to or greater than one acre
- Applicant will be required to reimburse the City of any cost of legal notices

2. The Applicant petitions the City of Streator for a variance for the following property:

a. Legal Description (attach the full legal description on 8 ½ x 11 separate sheet of paper—type written, plus an electronic version of the legal description).

Subdivision Name: _____ Property Tax ID #: _____

b. Street Address or Common Location: _____

c. Describe Reason for request: _____

d. Describe the proposed use; characteristics such as operating hours, number of employees, capacity of facility, etc.: _____

e. Size of Lot (sq. ft.): _____

f. Existing Zoning District: _____

g. Is the property located in a flood plain or flood way? Yes No

h. Is the proposed use in conformance with the city's Comprehensive Plan? Yes No

i. How will the proposed variance impact existing and future land uses: _____

j. How will the proposed variance impact adjacent property values: _____

k. Will the variance negatively impact the general public health, safety and welfare: Yes No

If yes, please explain: _____

- I. Will the variance conflict with existing conditions or public improvements such as schools, sewer/water system, parks, roads, traffic patterns, etc.: Yes No

If yes, please explain: _____

- 3. Before granting a variance, the Zoning Board of Appeals must take a separate vote and vote to approve the variance on each of the following conditions:

The proposed Variance:

- a. Will not impair an adequate supply of light and air to adjacent property, or unreasonably increase the congestion in public streets, or increase the danger of fire, or endanger the public safety, or unreasonably diminish or impair established property values within the surrounding area, or in any other respect impair the public health, safety, comfort, morals or welfare of the inhabitants of the City of Streator, and
- b. If not approved and the applicant complies strictly with the provisions of the zoning title, they could not make a reasonable use of their property, and
- c. If not approved would cause a hardship which the applicant is complaining about, is one suffered uniquely by the applicant rather than by neighbors or the general public under the same regulation, and
- d. Is related to the hardship of the applicant's land, rather than personal circumstances, and
- e. Is related to the unique hardship, or nearly so, rather than to one shared by many surrounding properties, under the same regulation, and
- f. Is not related to the hardship, which is the result of the applicant's own actions.

- 4. The applicant(s) have read and completed all of the above information and affirm that it is true and correct.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____

(Seal)

Notary Public

- 5. I hereby affirm that I am the legal owner (or authorized agent or representative-proof attached) of the subject property and authorize the petitioner to pursue this petition as described above.

Owner's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____

(Seal)

Notary Public