

YOU NEED TO KNOW YOUR PROPERTY LINES. IF YOU DO NOT KNOW YOUR PROPERTY LINES, YOU WILL HAVE TO GET YOUR LOT SURVEYED AT YOUR OWN COST.

LEGAL DESCRIPTION OF PROPERTY MUST BE FILLED OUT ON APPLICATION OR IT WILL NOT BE APPROVED.

# City of Chester

APPLICATION FOR  
CERTIFICATE OF ZONING COMPLIANCE  
(BUILDING AND ZONING PERMIT APPLICATION)

(For office use only)

**OFFICE OF THE ZONING  
ADMINISTRATOR**  
Chester, Illinois  
618-826-5114  
618-826-5216 fax

**Dean Andrews**  
Zoning Administrator  
618-559-0219

Permit Application No. \_\_\_\_\_  
Perm. Parcel No. \_\_\_\_\_  
Date filed: \_\_\_\_\_  
Zone District Classification: \_\_\_\_\_  
Fee Paid: \$ \_\_\_\_\_  
Permit Fee: \$30.00 minimum fee valued up to \$30,000.00  
Plus \$1.00 per \$1,000.00 value of project exceeding \$30,000.00  
Initial Certificate of Compliance Issued  yes  no

**INSTRUCTIONS TO APPLICANTS:** (NOTE: After filling out application call the Zoning Administrator to make an appointment. After Zoning Administrator has approved and signed application bring application to the Mayor's Office to acquire the Building Permit.) Before beginning any construction a Certificate of Zoning Compliance and a Building Permit must be obtained from the Zoning/Building Administrator. Application for permits must be made by the owner of the property on which the construction is to take place or his duly-authorized agent. A legal description of the property and a site plan of the proposed construction must be included with this application. The attached sheet, which may be used for drawing the site plan, lists information which must be shown.

*If the proposed construction meets the zoning requirements, a permit will be issued. If the Zoning Administrator determines that it does not comply with requirements of the zoning ordinance, the applicant may request an interpretation of the regulations by the Zoning Board of Appeals (if you disagree with the Zoning Administrator) or you may request a variance or zoning amendment depending on the circumstances.*

*All information requested below must be provided before any permits will be issued. To prevent delay and to expedite your application, provide all requested information. Applicants are encouraged to visit the Mayor's Office or contact the Zoning Administrator at 618-559-0219 for any assistance needed in completing this form.*

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

1. NAME OF APPLICANT(S): \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_  
(street) (city) (zip)

2. PROPERTY INTEREST OF APPLICANT:  
 Owner  Contract Purchaser  Lessee  Other: \_\_\_\_\_

3. NAME OF OWNER:  
(if other than applicant): \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
(street) (city) (zip)

4. LOCATION OF PROPOSED CONSTRUCTION

a. Address of proposed construction \_\_\_\_\_  
\_\_\_\_\_

b. Legal description of property \_\_\_\_\_  
(Description by metes and bounds or lot number, block number,  
\_\_\_\_\_ and name of subdivision. Attach additional sheets if necessary. This must be filled out.)  
\_\_\_\_\_

c. Construction located in \_\_\_\_\_ Zoning District.

d. Construction located ( ) within corporate limits of Chester  
( ) within 1 mile of corporate limits of Chester

5. PROPOSED CONSTRUCTION

- ( ) New building
- ( ) Addition or alteration (explain): \_\_\_\_\_
- ( ) Mobile home on permanent foundation
- ( ) Relocation of existing building
- ( ) Other (explain): \_\_\_\_\_

6. EXISTING USE OF PROPERTY

- ( ) Vacant Lot
- ( ) Business (type) \_\_\_\_\_
- ( ) Industrial (type) \_\_\_\_\_
- ( ) Other: \_\_\_\_\_
- Residential:
  - ( ) Single Family
  - ( ) 2 or 3 Family
  - ( ) Multi-Family(No. of units: \_\_\_\_\_)

7. PROPOSED USE OF PROPERTY

- ( ) Business (type) \_\_\_\_\_
- ( ) Industrial (type) \_\_\_\_\_
- ( ) Other: \_\_\_\_\_
- Residential:
  - ( ) Single Family
  - ( ) 2 or 3 Family
  - ( ) Multi-Family(No. of units: \_\_\_\_\_)
- Accessory:
  - ( ) Garage
  - ( ) Carport
  - ( ) Storage Shed
  - ( ) Other: \_\_\_\_\_

8. PLANS AND SPECIFICATIONS

- a. Plans: A site plan is attached and shows information as required on page 5 of this application.
- b. Specifications: Give the following information, if applicable, for each structure or use identified on the attached site plan.

Type of Structure	Height In Feet	Number of			No. of Employees	No. of Parking Spaces
		Stories	Rooms	Dwelling Units		
Existing						
Proposed						

Square feet of proposed structure \_\_\_\_\_ sq. ft.

Value of proposed structure \$ \_\_\_\_\_

9. UTILITIES
- |  |  |
|--|--|
| <p>a. Water Source</p> <p>( ) Public Water Service</p> <p>( ) Private Well</p> <p>( ) Other: _____</p> | <p>b. Sewage Facilities</p> <p>( ) Public Sewer Service</p> <p>( ) Septic Tank</p> <p>( ) Other: _____</p> |
|--|--|

10. Application is hereby made for an Initial Certificate of Zoning Compliance, as required under the Zoning Ordinance of the City of Chester, for the erection, relocation or alteration, and use of buildings and premises. In making this application the applicant represents all of the above statements and any attached maps and drawings to be a true description of the proposed new or altered uses and/or buildings. The applicant agrees that the permit issued may be revoked without notice on any breach of representation or conditions.

It is understood that any permit issued on this application will not grant right of privilege to erect any structure or to use any premises described for any purpose or in any manner prohibited by the Zoning Ordinance, or by other ordinances, codes or regulations of Chester.

\_\_\_\_\_  
Applicant Signature:

(This page for office use only)

FINAL CERTIFICATE OF ZONING COMPLIANCE

The plans and specifications submitted with this application are in conformity with the zone district requirements applicable to the subject property. Changes in plans or specifications shall not be made without written approval of the appropriate city officials. Failure to comply with the above shall constitute a violation of the provisions of the Chester Zoning Ordinance.

This permit shall be a final permit when signed by the Administrator after a required final inspection upon completion of construction.

Permit issued ( ) on \_\_\_\_\_  
(date)

Permit denied ( ) Reason for denial: \_\_\_\_\_

Dates of inspections: \_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator

