



CITY OF BELLEVILLE, ILLINOIS
ECONOMIC DEVELOPMENT, PLANNING, & ZONING DEPARTMENT
CERTIFICATE OF NON-CONFORMING USE APPLICATION

Subject Property Address: _____

Applicant/Developer Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Property Owner Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Property Information

1. Legal Description _____

2. Property located in Zoning District: _____

3. Is structure vacant? Y/N _____

4. If "yes" how long? _____ years _____ months _____ days

5. Proposed use of structure? _____

6. Last use of property? _____

7. When did use listed in question #6 cease to exist? _____

(Date)

Non-Conformity

Describe: _____

Date when Non-Conforming Use Commenced: _____

On a separate piece of paper, please provide a sketch showing all uses on the property as of this date.

State of Illinois
County of St. Clair }SS

_____, being sworn, upon his/her oath deposes and says that he has read the foregoing Application and Certification of Non-Conforming Use, and that the matters and things set forth therein are true and correct to the best of his knowledge and belief.

Applicant

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

Notary Public

Information for Applicant

Refer to Section(s) 162.474 & 162.475; Application is hereby made for a Certificate of Non-Conforming Use as requested under the Zoning Ordinance of the City of Belleville. In making this application the applicant represents all the following statements, and any attached maps and drawings, as true and correct. The applicant agrees that the Certificate applied for, if granted, is issued on the representations made herein, and that any Certificate issued may be revoked without notice on any breach of representations or conditions.

Office Contact Information

City of Belleville
Economic Development, Planning, & Zoning Department
407 E. Lincoln Street
Belleville, IL 62220
(618) 233-6518, ext.1250
Email: edpz@belleville.net

For Internal Use Only

Certificate issued Y/N _____ No. _____ Date _____ 20_____

Certificate denied Y/N _____ Cause for denial _____

Application #: _____

Zoning Director

Subdivision Name: _____

Lot #: _____

Historic District: _____

Flood Hazard Area: _____

Enterprise Zone: _____

Property Zip Code: _____

Ward #: _____

Area of Special Control: Y/N