



## APPLICATION FOR SPLIT ZONING DETERMINATION

Will County Land Use Department • Development Review  
 Division 58 E. Clinton St., Suite 100 • Joliet, Illinois 60432  
 Telephone (815) 740-8140 • Facsimile (815) 774-3386

Internet Site: <http://www.willcountyllinois.com/County-Offices/Economic-Development/Land-Use>

**Split Zoning application # \_\_\_\_\_ (staff only)**

### PART A – APPLICANT INFORMATION

Owner Information			
Full Name			
Owner Address	<i>House Number &amp; Street:</i>		
	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
Contact Information	<i>Phone:</i>	<i>Email:</i>	
Agent Information <small>(if different from above)</small>			
Full Name	<i>Last:</i>	<i>First:</i>	
Agent Address	<i>Number &amp; Street:</i>		
	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
Contact Information	<i>Phone:</i>	<i>Email:</i>	
Agency/Firm Name			
Attorney Information			
Full Name	<i>Last:</i>	<i>First:</i>	
Attorney Address	<i>Number &amp; Street:</i>		
	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
Contact Information	<i>Phone:</i>	<i>Email:</i>	
Agency/Firm Name			

### PART B – EXISTING PROPERTY INFORMATION

Existing Property Information				
PIN(s)				
Parcel Size				
Township		Section		
Property Address	<i>House Number &amp; Street:</i>			
	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>	
Current Zoning			Current Land Use	
Water Supply <small>(check one)</small>	Public	Well	Sanitary System <small>(check one)</small>	Sewer      Septic

**PART C – SPLIT ZONING OPTION**

In accordance with Will County Zoning Ordinance section 155-1.110(E)(3), when an existing lot is classified in two or more base zoning classifications the following rules apply, at the owner's option. Please select one option from the list below. If option A is chosen, no further action is required and this form will be kept on file. If options B or C are selected, specify which zoning district classification you are electing to apply to the full parcel.

- (a) Each of the separate zoned areas on the lot may be treated as a separate zoning lot and developed in accordance with the zoning district regulations that apply to each respective area;

*No further action required; proceed to Part D*

- (b) The more restrictive provisions of the subject zoning districts, including but not limited to, use, parking, signs, setbacks, height and other lot and building regulations, may be applied to the entire lot.

Zoning District Selected \_\_\_\_\_

- (c) When one zoning district applies to at least 75% of the total lot area and the other zoning district occupies no more than 5,000 square feet of the total lot area, the regulations of the zoning district occupying the larger portion of the lot may be applied to the entire zoning lot.

Zoning District Selected \_\_\_\_\_

**OFFICE USE ONLY**

<b>Split Zoning Review of Option (B)</b>		
Determination of the more restrictive zoning district (see attachment)		
Does the applicant's request comply with 155-1.110(E)(3)(b)?	Yes	No

<b>Split Zoning Review of Option (C)</b>		
Zoning District	Square Feet	Percentage of Total Area
Does the applicant's request comply with 155-1.110(E)(3)(c)?		Yes      No

**PART D - SIGNATURES AND NOTARIZATION**

I, consent that all above statements and the statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief.

I, consent to the entry in or upon the premises described in this application by any authorized official of the County of Will for the purposes of completing any reviews deemed necessary by the submittal of this application.

I, have read and are familiar with the split-zoned lots provisions and all applicable sections of the Will County Zoning Ordinance.

I understand that any information and supporting documentation, including but not limited to plats of surveys and site plans, provided with this application will become public record and subject to the Freedom of Information Act, and may be released as part of a document request.

Owner and/or agent/attorney printed name and signature:

Name (identify owner/agent/attorney)

Signature

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SUBSCRIBED AND SWORN TO BEFORE ME

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

## **PART E - APPLICATION FOR SPLIT ZONING DETERMINATION SUBMITTAL CHECKLIST**

Completed application

Copy of recorded deed

Plat of survey (to scale) from a professional land surveyor showing existing structures on a paper size not to exceed 11" x 17". The plan must include the following:

- Scale, north arrow
- Dimensions and acreage of the parent parcel and proposed farmstead split
- Legal descriptions of parent parcel and proposed farmstead split
- Setbacks from all existing structures to all property lines

Affidavit of Owner's Consent (if applicable)

Disclosure of Beneficiaries (if applicable)