



United City of Yorkville  
 800 Game Farm Road  
 Yorkville, Illinois, 60560  
 Telephone: 630-553-4350  
 Fax: 630-553-7575  
 Website: [www.yorkville.il.us](http://www.yorkville.il.us)

# APPLICATION FOR REZONING

## INTENT AND PURPOSE:

An application for Map Amendment, or commonly referred to as “rezoning”, is a request to reclassify a property from one zoning designation to within another zoning district. Requests for rezoning must not be merely arbitrary, but has to have validity as to the appropriate zoning classification for the existing or proposed land use in consideration of certain factors such as: the existing land use and zoning of the surrounding properties; suitability of the land use within the current zoning district; the trend of development in the general area; impact the proposed rezoning would have on traffic; the potential diminishment of property values due to the rezoning; and the promotion of public health, safety, morals or general welfare of the public as a result of the proposed rezoning.

This packet explains the process to successfully submit and complete an Application for Rezoning. It includes a detailed description of the process and the actual application itself. Please type the required information in the application on your computer. The application will need to be printed and signed by the petitioner. The only item that needs to be submitted to the city from this packet is the application. The rest of the packet is to help guide you through the process unto completion.

For a complete explanation of what is legally required throughout the Rezoning Request process, please refer to “Title 10, Chapter 14, Section 7 Amendments” of the Yorkville, Illinois City Code.

## APPLICATION PROCEDURE:



### STAGE 1: APPLICATION SUBMITTAL

The following must be submitted to the Community Development Department:

- One (1) original signed application with legal description.
- Three (3) 11" x 17" copies each of the exhibits, proposed drawings, location map, and site plan. Large items must be folded to fit in a 10" x 13" envelope.
- Appropriate filing fee.
- One (1) CD or portable USB drive containing one (1) electronic copy (pdf) of each of the following: signed application (complete with exhibits), proposed drawings, location map, and site plan. A Microsoft Word document with the legal description is also required.

Within one (1) week of submittal, the Community Development Department will determine if the application is complete or if additional information is needed. These materials must be submitted a minimum of forty five (45) days prior to the targeted Planning and Zoning Commission meeting. An incomplete submittal could delay the scheduling of the project.

Petitioner will be responsible for payment of recording fees and public hearing costs, including written transcripts of the public hearing and outside consultant costs (i.e. legal review, land planner, zoning coordinator, environmental, etc.). The petitioner will be required to establish a deposit account with the city to cover these fees. The Petitioner Deposit Account/Acknowledgement of Financial Responsibility form is attached to this document and must be submitted with the application.



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## STAGE 2: PLAN COUNCIL

Petitioner must present the proposed plan to the Plan Council. The Plan Council meets on the 2nd and 4th Thursday of the month. The members of the Council include the Community Development Director, City Engineer, the Building Department Official, the Public Works Director, the Director of Parks and Recreation, a Fire Department Representative, and a Police Department Representative. Upon recommendation by the Plan Council, petitioner will move forward to the Planning and Zoning Commission hearing.

## STAGE 3: ECONOMIC DEVELOPMENT COMMITTEE

Applicant must present the proposed plan to the Economic Development Committee. Economic Development Committee meets at 7:00 p.m. on the 1st Tuesday of each month. This session is to discuss and consider recommendations prior to full City Council considerations and provide informal feedback. The Economic Development Committee will submit its recommendation to City Council.

## STAGE 4: PLANNING AND ZONING COMMISSION

Petitioner will attend a public hearing conducted by the Planning and Zoning Commission. The Planning and Zoning Commission meets on the 2nd Wednesday of the Month at 7:00pm. Notice will be placed in the Kendall County Record by the United City of Yorkville. The petitioner is responsible for sending certified public hearing notices to adjacent property owners within five hundred (500) feet of the subject property no less than fifteen (15) days and no more than thirty (30) days prior to the public hearing date. Twenty four (24) hours prior to the public hearing, a certified affidavit must be filed by the petitioner with the Community Development Department containing the names, addresses and permanent parcel numbers of all parties that were notified. The Planning and Zoning Commission will conduct a public hearing on the request, take public comments, discuss the request, and make a recommendation to City Council. No rezoning shall be recommended by the Planning and Zoning Commission unless it follows the standards set forth in City's Zoning Ordinance. The Certified Mailing Affidavit form is attached to this document and must be submitted prior to the scheduled Planning and Zoning Commission meeting.

## STAGE 5: CITY COUNCIL

Petitioner will attend the City Council meeting where the recommendation of the rezoning will be considered. The City Council meets on the 2nd and 4th Tuesdays of the month at 7:00pm. City Council will make the final approval of the rezoning.



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## DORMANT APPLICATIONS

The Community Development Director shall determine if an application meets or fails to meet the requirements stated above. If the Director determines that the application is incomplete it will become dormant under these circumstances:

- The applicant has been notified of such deficiencies and has not responded or provided a time line for completing the application within ninety (90) days from the time of notification.
- The applicant has not responded in writing to a request for information or documentation from the initial plan commission review within six (6) months from the date of that request.
- The applicant has not responded to a request for legal or engineering deposit replenishment for city incurred costs and fees within ninety (90) days from the date of the request.

If the Community Development Director has sent the required notice and the applicant has not withdrawn their application or brought it into compliance, then the director shall terminate the application. After termination, the application shall not be reconsidered except after the filing of a completely new application.

Withdrawal or termination of an application shall not affect the applicant's responsibility for payment of any costs and fees, or any other outstanding debt owed to the city. The balance of any funds deposited with the city that is not needed to pay for costs and fees shall be returned to the applicant. (Ord. 2011-34, 7-26-2011)



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| INVOICE & WORKSHEET PETITION APPLICATION  |   |  |           |
|---|---|--|-----------|
| <b>CONCEPT PLAN REVIEW</b>  | <input type="checkbox"/> Engineering Plan Review deposit  | \$500.00   | Total: \$ |
| <b>AMENDMENT</b>  | <input type="checkbox"/> Annexation<br><input type="checkbox"/> Plan<br><input type="checkbox"/> Plat<br><input type="checkbox"/> P.U.D.  | \$500.00<br>\$500.00<br>\$500.00<br>\$500.00                           | Total: \$ |
| <b>ANNEXATION</b>   | <input type="checkbox"/> \$250.00 + \$10 per acre for each acre over 5 acres  |  | Total: \$ |
|   | $\underline{\hspace{2cm}} - 5 = \underline{\hspace{2cm}} \times \$10 = \underline{\hspace{2cm}} + \$250 = \$ \underline{\hspace{2cm}}$ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span># of Acres</span> <span>Acres over 5</span> <span>Amount for Extra Acres</span> <span>Total Amount</span> </div> |  |           |
| <b>REZONING</b>   | <input type="checkbox"/> \$200.00 + \$10 per acre for each acre over 5 acres  |  | Total: \$ |
|   | <i>If annexing and rezoning, charge only 1 per acre fee; if rezoning to a PUD, charge PUD Development Fee - not Rezoning Fee</i>  |  |           |
|   | $\underline{\hspace{2cm}} - 5 = \underline{\hspace{2cm}} \times \$10 = \underline{\hspace{2cm}} + \$200 = \$ \underline{\hspace{2cm}}$ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span># of Acres</span> <span>Acres over 5</span> <span>Amount for Extra Acres</span> <span>Total Amount</span> </div> |  |           |
| <b>SPECIAL USE</b>  | <input type="checkbox"/> \$250.00 + \$10 per acre for each acre over 5 acres  |  | Total: \$ |
|   | $\underline{\hspace{2cm}} - 5 = \underline{\hspace{2cm}} \times \$10 = \underline{\hspace{2cm}} + \$250 = \$ \underline{\hspace{2cm}}$ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span># of Acres</span> <span>Acres over 5</span> <span>Amount for Extra Acres</span> <span>Total Amount</span> </div> |  |           |
| <b>ZONING VARIANCE</b>  | <input type="checkbox"/> \$85.00 + \$500.00 outside consultants deposit   |  | Total: \$ |
| <b>PRELIMINARY PLAN FEE</b>   | <input type="checkbox"/> \$500.00   |  | Total: \$ |
| <b>PUD FEE</b>  | <input type="checkbox"/> \$500.00   |  | Total: \$ |
| <b>FINAL PLAT FEE</b>   | <input type="checkbox"/> \$500.00   |  | Total: \$ |
| <b>ENGINEERING PLAN REVIEW DEPOSIT</b>  | <input type="checkbox"/> Less than 1 acre<br><input type="checkbox"/> Over 1 acre, less than 10 acres<br><input type="checkbox"/> Over 10 acres, less than 40 acres<br><input type="checkbox"/> Over 40 acres, less than 100 acres<br><input type="checkbox"/> Over 100 acres   | \$5,000.00<br>\$10,000.00<br>\$15,000.00<br>\$20,000.00<br>\$25,000.00 | Total: \$ |
| <b>OUTSIDE CONSULTANTS DEPOSIT</b> <i>Legal, land planner, zoning coordinator, environmental services</i>   |   |  |           |
| For Annexation, Subdivision, Rezoning, and Special Use:   |   |  |           |
| <input type="checkbox"/> Less than 2 acres<br><input type="checkbox"/> Over 2 acres, less than 10 acres<br><input type="checkbox"/> Over 10 acres |   | \$1,000.00<br>\$2,500.00<br>\$5,000.00                                 | Total: \$ |
| <b>TOTAL AMOUNT DUE:</b>  |   |  |           |



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|   |             |                                  |                |
|---|-------------|----------------------------------|----------------|
| DATE:   | PZC NUMBER: | DEVELOPMENT NAME:                |                |
| <b>PETITIONER INFORMATION</b>   |             |                                  |                |
| NAME:   |             | COMPANY:                         |                |
| MAILING ADDRESS:  |             |                                  |                |
| CITY, STATE, ZIP:   |             | TELEPHONE:                       |                |
| EMAIL:  |             | FAX:                             |                |
| <b>PROPERTY INFORMATION</b>   |             |                                  |                |
| NAME OF HOLDER OF LEGAL TITLE:  |             |                                  |                |
| IF LEGAL TITLE IS HELD BY A LAND TRUST, LIST THE NAMES OF ALL HOLDERS OF ANY BENEFICIAL INTEREST THEREIN: |             |                                  |                |
| PROPERTY STREET ADDRESS:  |             |                                  |                |
| DESCRIPTION OF PROPERTY'S PHYSICAL LOCATION:  |             |                                  |                |
| CURRENT ZONING CLASSIFICATION:  |             | REQUESTED ZONING CLASSIFICATION: |                |
| COMPREHENSIVE PLAN FUTURE LAND USE DESIGNATION:   |             |                                  | TOTAL ACREAGE: |
| <b>ZONING AND LAND USE OF SURROUNDING PROPERTIES</b>  |             |                                  |                |
| NORTH:  |             |                                  |                |
| EAST:   |             |                                  |                |
| SOUTH:  |             |                                  |                |
| WEST:   |             |                                  |                |
| <b>KENDALL COUNTY PARCEL IDENTIFICATION NUMBER(S)</b>   |             |                                  |                |
|   |             |                                  |                |
|   |             |                                  |                |
|   |             |                                  |                |
|   |             |                                  |                |
|   |             |                                  |                |
|   |             |                                  |                |



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## ATTORNEY INFORMATION

NAME: COMPANY:

MAILING ADDRESS:

CITY, STATE, ZIP: TELEPHONE:

EMAIL: FAX:

## ENGINEER INFORMATION

NAME: COMPANY:

MAILING ADDRESS:

CITY, STATE, ZIP: TELEPHONE:

EMAIL: FAX:

## LAND PLANNER/SURVEYOR INFORMATION

NAME: COMPANY:

MAILING ADDRESS:

CITY, STATE, ZIP: TELEPHONE:

EMAIL: FAX:

## ATTACHMENTS

Petitioner must attach a legal description of the property to this application and title it as "Exhibit A".

Petitioner must list the names and addresses of any adjoining or contiguous landowners within five hundred (500) feet of the property that are entitled notice of application under any applicable City Ordinance or State Statute. Attach a separate list to this application and title it as "Exhibit B".



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## REZONING STANDARDS

PLEASE STATE THE EXISTING ZONING CLASSIFICATION(S) AND USES OF THE PROPERTY WITHIN THE GENERAL AREA OF THE PROPOSED REZONED PROPERTY:

PLEASE STATE THE TREND OF DEVELOPMENT, IF ANY, IN THE GENERAL AREA OF THE PROPERTY IN QUESTION, INCLUDING CHANGES, IF ANY, WHICH HAVE TAKEN PLACE SINCE THE DAY THE PROPERTY IN QUESTION WAS PLACED IN ITS PRESENT ZONING CLASSIFICATION:

PLEASE STATE THE EXTENT TO WHICH PROPERTY VALUES ARE DIMINISHED BY THE PARTICULAR ZONING RESTRICTIONS:

PLEASE STATE THE EXTENT TO WHICH THE DESTRUCTION OF PROPERTY VALUES OF PETITIONER PROMOTES THE HEALTH, SAFETY, MORALS, AND GENERAL WELFARE OF THE PUBLIC:



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## REZONING STANDARDS

PLEASE STATE THE LENGTH OF TIME THE PROPERTY HAS BEEN VACANT AS ZONED CONSIDERED IN THE CONTEXT OF LAND DEVELOPMENT IN THE AREA IN THE VICINITY OF THE SUBJECT PROPERTY:

PLEASE STATE THE COMMUNITY NEED FOR THE PROPOSED LAND USE:

WITH RESPECT TO THE SUBJECT PROPERTY, PLEASE STATE THE CARE WITH WHICH THE COMMUNITY HAS UNDERTAKEN TO PLAN ITS LAND USE DEVELOPMENT:

PLEASE STATE THE IMPACT THAT SUCH RECLASSIFICATION WILL HAVE UPON TRAFFIC AND TRAFFIC CONDITIONS ON SAID ROUTES; THE EFFECT, IF ANY, SUCH RECLASSIFICATION AND/OR ANNEXATION WOULD HAVE UPON EXISTING ACCESSES TO SAID ROUTES; AND THE IMPACT OF ADDITIONAL ACCESSES AS REQUESTED BY THE PETITIONER UPON TRAFFIC AND TRAFFIC CONDITIONS AND FLOW ON SAID ROUTES (ORD. 1976-43, 11-4-1976):





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## REZONING STANDARDS

PLEASE STATE THE RELATIVE GAIN TO THE PUBLIC AS COMPARED TO THE HARDSHIP IMPOSED UPON THE INDIVIDUAL PROPERTY OWNER:

PLEASE STATE THE SUITABILITY OF THE SUBJECT PROPERTY FOR THE ZONED PURPOSES:

## AGREEMENT

I VERIFY THAT ALL THE INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND AND ACCEPT ALL REQUIREMENTS AND FEES AS OUTLINED AS WELL AS ANY INCURRED ADMINISTRATIVE AND PLANNING CONSULTANT FEES WHICH MUST BE CURRENT BEFORE THIS PROJECT CAN PROCEED TO THE NEXT SCHEDULED COMMITTEE MEETING.

I UNDERSTAND ALL OF THE INFORMATION PRESENTED IN THIS DOCUMENT AND UNDERSTAND THAT IF AN APPLICATION BECOMES DORMANT IT IS THROUGH MY OWN FAULT AND I MUST THEREFORE FOLLOW THE REQUIREMENTS OUTLINED ABOVE.

\_\_\_\_\_  
PETITIONER SIGNATURE

\_\_\_\_\_  
DATE

OWNER HEREBY AUTHORIZES THE PETITIONER TO PURSUE THE APPROPRIATE ENTITLEMENTS ON THE PROPERTY.

\_\_\_\_\_  
OWNER SIGNATURE

\_\_\_\_\_  
DATE

**THIS APPLICATION MUST BE  
NOTARIZED PLEASE NOTARIZE HERE:**



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# PETITIONER DEPOSIT ACCOUNT/ ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY

|  |                                    |   |
|--|------------------------------------|---|
| PROJECT NUMBER:  | FUND ACCOUNT NUMBER:               | PROPERTY ADDRESS:   |
| APPLICATION/APPROVAL TYPE <i>(check appropriate box(es) of approval requested):</i><br><input type="checkbox"/> CONCEPT PLAN REVIEW <input type="checkbox"/> AMENDMENT (TEXT) <input type="checkbox"/> ANNEXATION <input type="checkbox"/> REZONING<br><input type="checkbox"/> SPECIAL USE <input type="checkbox"/> MILE AND 1/2 REVIEW <input type="checkbox"/> ZONING VARIANCE <input type="checkbox"/> PRELIMINARY PLAN<br><input type="checkbox"/> FINAL PLANS <input type="checkbox"/> PLANNED UNIT DEVELOPMENT <input type="checkbox"/> FINAL PLAT  |                                    |   |
| <b>PETITIONER DEPOSIT ACCOUNT FUND:</b><br>It is the policy of the United City of Yorkville to require any petitioner seeking approval on a project or entitlement request to establish a Petitioner Deposit Account Fund to cover all actual expenses occurred as a result of processing such applications and requests. Typical requests requiring the establishment of a Petitioner Deposit Account Fund include, but are not limited to, plan review of development approvals/engineering permits. Deposit account funds may also be used to cover costs for services related to legal fees, engineering and other plan reviews, processing of other governmental applications, recording fees and other outside coordination and consulting fees. Each fund account is established with an initial deposit based upon the estimated cost for services provided in the <b>INVOICE &amp; WORKSHEET PETITION APPLICATION</b> . This initial deposit is drawn against to pay for these services related to the project or request. Periodically throughout the project review/approval process, the Financially Responsible Party will receive an invoice reflecting the charges made against the account. At any time the balance of the fund account fall below ten percent (10%) of the original deposit amount, the Financially Responsible Party will receive an invoice requesting additional funds equal to one-hundred percent (100%) of the initial deposit if subsequent reviews/fees related to the project are required. In the event that a deposit account is not immediately replenished, review by the administrative staff, consultants, boards and commissions may be suspended until the account is fully replenished. If additional funds remain in the deposit account at the completion of the project, the city will refund the balance to the Financially Responsible Party. A written request must be submitted by the Financially Responsible Party to the city by the 15th of the month in order for the refund check to be processed and distributed by the 15th of the following month. All refund checks will be made payable to the Financially Responsible Party and mailed to the address provided when the account was established. |                                    |   |
| <b>ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY</b>  |                                    |   |
| NAME:  | COMPANY:                           |   |
| MAILING ADDRESS:   |                                    |   |
| CITY, STATE, ZIP:  | TELEPHONE:                         |   |
| EMAIL:   | FAX:                               |   |
| <b>FINANCIALLY RESPONSIBLE PARTY:</b><br>I acknowledge and understand that as the Financially Responsible Party, expenses may exceed the estimated initial deposit and, when requested by the United City of Yorkville, I will provide additional funds to maintain the required account balance. Further, the sale or other disposition of the property does not relieve the individual or Company/ Corporation of their obligation to maintain a positive balance in the fund account, unless the United City of Yorkville approves a Change of Responsible Party and transfer of funds. Should the account go into deficit, all City work may stop until the requested replenishment deposit is received.   |                                    |   |
| _____<br>PRINT NAME  | _____<br>TITLE                     |   |
| _____<br>SIGNATURE   | _____<br>DATE                      |   |
| <b>ACCOUNT CLOSURE AUTHORIZATION</b>   |                                    |   |
| DATE REQUESTED: _____  | <input type="checkbox"/> COMPLETED | <input type="checkbox"/> INACTIVE   |
| PRINT NAME: _____  | <input type="checkbox"/> WITHDRAWN | <input type="checkbox"/> COLLECTIONS  |
| SIGNATURE: _____   | <input type="checkbox"/> OTHER     |   |
| DEPARTMENT ROUTING FOR AUTHORIZATION:  | <input type="checkbox"/> COM. DEV. | <input type="checkbox"/> BUILDING <input type="checkbox"/> ENGINEERING <input type="checkbox"/> FINANCE <input type="checkbox"/> ADMIN. |