OFFICE OF
KANE COUNTY
LAND USE AUTHORITY

KANE COUNTY
Application for a Community Zone

Application Date_____

Proposed Community Zone Name _____

_____

Location/Legal Description_____

_____

Total Acreage _____

Owner(s)_____Ph ( ) _____

Address _____Fax ( ) _____

City_____State_____Zip_____E-mail_____

Agent _____Ph( ) _____

Address_____Fax ( ) _____

City _____State_____Zip_____E-mail_____

Reg. Engineer and/or Surveyor_____Ph( ) _____

Firm Name _____

Address_____Fax ( ) _____

City _____State_____Zip_____E-Mail_____

I hereby certify the above information to be true and accurate

NOTARY — Printed Name_____

Signature _____

Title _____

Notary Seal- Stamp and Date _____

Community Zone Review Deposit

A deposit will be collected at the time of application and before any review will take place. The deposit will be kept in an escrow account and will be used to pay for review services and other associated costs. When 60% of the deposit has been expended, additional funds will be required. All unused funds will be returned less a 5% handling and processing fee.

Fee Schedule:

640 Acres -	$1920.00 Base Fee
641 to 1500 Acres	$1.00/Acre Additional
1500 to 3000 Acres	$.75/Acre Additional
3001 + Acres	$.50/Acre Additional
Outside Legal Counsel	$2500.00 Minimum Deposit

AGREEMENT
COMMUNITY ZONE

This Agreement is made by and between

_____
(Hereafter "Owner") and Kane County.

Owner hereby acknowledges receipt of a copy of the Kane County Land Use and Subdivision Ordinances and Standard Specifications for Design and Construction. Owner hereby acknowledges that he or she has read, or that an authorized agent of the owner has read, understands and will fully and completely comply with the provisions and requirements contained in the Ordinances and Standard Specification for Design and Construction.

Dated this _____day of _____20_____.

In signing below I represent that I have authority to execute this agreement for in behalf of the owner listed above.

Owner Printed Name_____

Signature*_____

Title _____

*Must be notarized
Notary Seal-Stamp and Date _____

Authorized Agent Printed Name_____

Signature*_____

Title _____

*Must be notarized
Notary Seal-Stamp and Date _____

Community Zone - Submission Items

1.) Copies of all required materials for Community Zone review shall be submitted at time of application to the Planning and Zoning Administrator by the owner(s) or their authorized agent a minimum of 28 days prior to the Kane County Planning and Zoning Commission's meeting date at which the Community Zone application is to be reviewed.

2.) Submission Items (Administrative)

- a.) One copy of application
- b.) Community Zone Review Deposit
- c.) Community Zone Agreement
- d.) Statement of taxes and assessments paid
- e.) Certificate of title insurance
- f.) Articles of Incorporation (LLC, Partnership or Corp)
- g.) Notarized Affidavit that applicant is the owner or authorized by the owner to make application for the proposed Community Zone
- h.) Development Agreement Draft
- i.) Notarized consent to conceptual plan from lender(s)
- j.) Municipal Services - provide will serve letters or feasibility to obtain
  - 1.) Water/sewer systems
  - 2.) Solid waste disposal
  - 3.) Public safety i.e. fire protection, law enforcement, and emergency services
  - 4.) Utilities
  - 5.) Fire flow
  - 6.) Any other services required by state law or determined through development agreement
- k.) Provide names and addresses of all property owners within 1000 feet of the proposed Zone Change and $10 for each notice mailed to same property owners.

3.) Submitted Drawing Requirement

- a.) 3 copies colored conceptual plan - Re: Land Use Ordinance Chapters 22, 22-2 (3) and 22-4 (1) b
- b.) Boundary map with section corners
  - 1.) Total acreage and legal description
  - 2.) Fence lines
  - 3.) Existing individual parcels with boundary, with parcel numbers and owner's names and addresses
  - 4.) Show adjoining parcels with parcel numbers and owners