

City of Rockford, Illinois

Planning and Zoning Division
425 East State Street, Rockford, IL 61104
Phone: (779) 348-7158 Fax: (815) 967-4243
Web Site: www.rockfordil.gov



PERFORMANCE REVIEW SHEET

(Please type or print)

File: _____

1. Address of the property: _____

2. Legal Description: Lot _____ Block _____

Subdivision _____

(If there is no Subdivision, attach a legal description)

3. Property Index Number(s): _____ Zoning District: _____

4. Applicant: _____ (print) _____ (sign)

Detailed Site Plan - Submittal of a detailed site plan is required consistent with Section 61-002-B of the Zoning Ordinance as well as any additional data required for the Performance Review.

Filing Fee: \$ _____

Paid by: Debit / Credit / Check Number: _____

If the performance review is denied by the zoning staff, then the applicant must apply for a Special Use Permit. The Performance Review fee will be applied toward the cost of the Special Use Permit Application fee.

STAFF USE ONLY. DO NOT WRITE BELOW THIS LINE.

Traffic Impact/ Traffic Engineer Comments: _____

Environmental Impact/Erosion Control, Drainage and Storm Water Discharge:

Has a SWPPP been provided? _____

Site plan meets City requirements for drainage / storm water discharge: _____

Does flood hazard ordinance apply? _____

City Engineer Comments: _____

Architectural Integrity and Design: _____

Landscaping, Screening and Buffering: _____

Shade trees required: _____ Provided: _____

Landscaping Buffer required: _____ Provided: _____

Site-obscuring Fence required: _____ Decorative Fence required: _____

Interior landscaping required: _____ Provided: _____

Foundation plantings required: _____ Provided: _____

Building Setbacks: North _____ East _____ South _____ West _____

Required Setbacks: North _____ East _____ South _____ West _____

Parking required: _____ Parking provided: _____

Handicapped spaces required: _____ Provided: _____

Drive-Through Que Area Required: _____ Provided: _____

Off-street loading required: _____ Size: _____

Sidewalks/Multipurpose Paths required: _____

Does Historic Preservation Ordinance apply? _____

Is Property located in an Enterprise Zone? _____

Zoning Staff Comments _____

Performance Review approved on: _____

(date)

Granted by: _____