

THE CITY OF
SOUTH BELOIT
I L L I N O I S



REVISED 12/20

CITY OF SOUTH BELOIT, ILLINOIS

APPLICATION FOR A ZONING MAP AMENDMENT

Date Received: _____

Name of Applicant: _____ **Phone:** _____

Address of Applicant: _____ **Email:** _____

The applicant is the owner (check one) authorized representative of the owner of the property for which this zoning is being filed.

Address and PIN of the property for which this zoning application is being filed: _____

Full legal description of the property has been attached. _____

Attach to this petition an accurate scale drawing of the site and the surrounding area for a distance of at least three hundred (300) feet from each boundary of the site showing the location of streets and property lines. Full legal description of the property.

A change in classification to the _____ zoning district of the South Beloit Zoning Ordinance is here by requested for the above described property.

Existing Zoning District Classification of the property: _____

Size/Acreage of the property: _____

Signature of Applicant: _____

Fee Structure TO BE COMPLETED BY THE ZONING OFFICER

Non refundable fees:

0-5 acres-\$500.00

Over 5 acres-\$500 plus \$100

for each additional acre or a fraction thereof over 5 acres to a maximum of \$2,500

Action taken: Planning Commission/Zoning Board of Appeals: _____ **City Council:** _____

"AN EQUAL OPPORTUNITY EMPLOYER"

