

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 VARIANCE

Date Received: _____

Name of Applicant: _____ **Phone** _____

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

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

Address of the property for which this zoning application is filed:

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

Full legal description of the property has been attached: _____ **Zoning District Classification:** _____

Map: Attach to this petition 1). 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 & property lines and 2). Complete legal description.

State the precise nature of the variation requested, the practical difficulty and/or unnecessary physical hardships resulting from a strict interpretation of the Zoning Ordinance and any additional pertinent data. _____

Signature of Applicant: _____ **Date:** _____

TO BE COMPLETED BY THE ZONING OFFICER

Non refundable Fees:

Less than 1 acre-\$100.00

1-5 acres-\$350.00

Over 5 acres-\$350.00 plus \$25.00 per each additional acre

Action Taken

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

Signature of Zoning Officer: _____ **Date:** _____

"AN EQUAL OPPORTUNITY EMPLOYER"

