

CITY OF SOUTH BELOIT, ILLINOIS

APPLICATION FOR A ZONING MAP AMENDMENT

(Fill out in Triplicate)

Name of Applicant: _____ Phone _____

Address of Applicant: _____

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

Address or legal description of the property for which this zoning application is being filed:

Map: 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.

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

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

Existing Zoning District Classification of
the property: _____

Date received: _____

Action taken:
Planning Commission: _____

Zoning Board of Appeals: _____

City Council: _____

Signature of Applicant _____ Date _____

Signature of Zoning Officer _____ Date _____