

CITY OF SOUTH BELOIT, ILLINOIS

APPEAL APPLICATION

Name of Applicant: _____

Address of Applicant: _____

The applicant is the (check one): _____ owner

_____ authorized representative of the owner of the property for
which this zoning application 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.

Section(s) of Zoning Ordinance Text, and/or Map being questioned by the applicant:

Signature of Applicant: _____ Date: _____

----- **FEE AMOUNT: 250.00**

TO BE FILLED OUT BY ZONING OFFICER

Zoning Officer's decision on above request: _____
(sight appropriate Section(s) of Zoning Ordinance.)

Signature of Zoning Officer: _____ Date: _____