

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.

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Fee Structure

A fee of \$500.00 shall accompany this application.

TO BE COMPLETED BY THE ZONING OFFICER

Existing Zoning District Classification of the property: \_\_\_\_\_

Date received: \_\_\_\_\_

Action taken:  
Planning Commission: \_\_\_\_\_

Zoning Board of Appeals: \_\_\_\_\_

City Council: \_\_\_\_\_

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Zoning Officer \_\_\_\_\_ Date \_\_\_\_\_