

CITY OF SOUTH BELOIT
APPLICATION FOR A ZONING VARIANCE

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 application is being filed.

Address or legal description of the property for which this zoning application is 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 & property lines.

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.

Fee: \$400.00

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: _____

Signature of Applicant: _____ Date _____

Signature of Zoning Officer: _____ Date _____

Per Sec 1607 A variation shall become void 1 year from the date it becomes effective unless an application for renewal has been made prior to the expiration date.