

REQUEST FOR ZONING AMENDMENT

Zoning Board of Appeals
Breese, Illinois

Amendment Request No. _____
Date: _____

(Do not write in this space--For office use only)

Date set for hearing: _____
Notice published on: _____
Newspaper: _____

Perm. Parcel No. _____
Fee paid--Receipt No. _____
Amount \$ _____ Date: _____

Recommendation of Board of Appeals:

Action by City Council

- Denied
- Approved
- Approved with Modification

- Denied
- Approved
- Approved with Modification

Date: _____

Ordinance No. _____
Date: _____

Instructions to Applicants: To request a change in either the zoning map or text, this application for a zoning amendment must be completed and a public hearing held. If the applicant is requesting that his property is rezoned, a site plan must be included with the application showing the information listed on the attached sheet. Normally there are only two primary reasons for a change in zoning: (1) the original zoning was in error; (2) the character of the area has changed to such an extent as to warrant rezoning. The burden of providing substantiating evidence rests with the applicant.

Applicants are encouraged to visit the Office of the Zoning Administrator for any assistance needed in completing this application.

1. Name of Applicant (s): _____ Phone: _____
Address: _____

2. Property interest of applicant:
 Owner Contract Purchaser Lessee Other: _____

3. Name of Owner (s)
(if other than applicant): _____ Phone: _____
(attach additional sheets if necessary)

Address: _____

4. An amendment to the Zoning Ordinance is requested as follows:

A. Amendment to Text:
It is request that Section _____ of the Zoning Ordinance be

