

APPLICATION FOR ZONE CHANGE

City of Zion, Illinois
Zoning Board of Appeals

Fees - Fees must accompany application when submitted and is non-refundable.

City - \$550 plus \$15 per acre or any portion thereof plus,
Township- \$55 plus \$6 per acre or any portion thereof, plus,
Postage- **See below.
Professional- \$40 per hour Professional; \$25 per hour for technical services if needed.
Consultants – Same rate as charged to City. Due upon invoice by City.

Date: _____ Application No.: _____
(For Office Use Only)

Name of Applicant: _____

Address of Applicant: _____

City: _____ State _____ Zip _____ Phone: _____

Property Interest of Applicant: _____
(Feeowner, Contract Purchaser, etc.)

Is purchase contingent on a change in zoning or use? Yes _____ No _____

Date interest acquired: _____ Owned Property since: _____

Name of Owner (if other than applicant): _____

Address of Owner: _____

City _____ State _____ Zip _____ Phone _____

PIN: _____

Acreage/Sq. Ft. _____

Address of Property: _____

Legal Description (Attach of necessary): _____

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY

Date filed: _____ Received by: _____

Date set for hearing: _____ Date(s) hearing held: _____

Published notice on _____ in _____.

Date notices mailed to owners within 250' of PIN(s): _____

Date fee paid: _____ Amount: _____ Receipt No. _____

Date Township Paid: _____ Amount: _____ Receipt No. _____

Comments:

Present use of Property: _____
(Vacant, multi-family, type of business, etc.)

Rezoning from _____ to _____

State purpose of the zone change: _____

Show the location of the subject property on a property map. Such maps are available from the Zion Township Assessor. Attach a plot plan showing the proposed redevelopment or development of the property. Show all dimensions.

PERSONS INVOLVED IN THIS ZONE CHANGE

Attorney: _____
Address: _____
City: _____ State: _____ Zip _____ Phone: _____

Engineer/Architect/Planner _____
Address: _____
City: _____ State: _____ Zip _____ Phone: _____

I/We certify that all statements and representations contained in any papers or plans submitted herewith or heretofore are true and correct to the best of my/our knowledge and belief.

I/we agree _____ / disagree _____ to the use of a consultant.

**Applicant is responsible for reimbursement of all costs related to mailed notifications of hearing to interested parties and property owners of all property within 250 feet in each direction prior to the hearing. A copy of all addresses shall be provided to the applicant in a timely manner.

Printed Name of Applicant

Printed Name of Owner

Signature of Applicant

Signature of Owner

Date

Date