

CITY OF CLINTON
DEPARTMENT OF ZONING
118 W. WASHINGTON ST., P.O. BOX 378
CLINTON, ILLINOIS 61727
PHONE 217-935-6552

APPLICATION FOR REZONING/AMENDMENT

FOR OFFICE USE ONLY

Date Filed _____ Rezoning/Amendment Request No. _____
Date Notifications Were Mailed _____
Date Set For Hearing _____ Date Hearing Held _____
Date Notice Published _____ Newspaper _____
Fee Paid _____ Yes _____ No Amount \$ _____ Date Paid _____

FOR APPLICANT

Applicant(s) Name(s) _____
Phone Number _____
Applicant(s) Address(es) _____
Owner(s) Name(s) _____
Owner(s) Address(es) _____
Applicant(s) Interest In The Property _____
(Owner, Contract Purchaser, etc.)

Address of Property _____
Legal Description of Property _____

I/We are requesting that the property presently zoned _____
be rezoned to _____, for the purpose of _____

Present Use of the Property _____

I/We are requesting that the City of Clinton Zoning Ordinance be
amended in the following manner: _____

When submitting this application, the following shall accompany
it, unless waived by the Zoning Administrator:

1. A boundary survey and plot plan, per building permit application.
2. A filing fee of \$150.00 (non-refundable) paid by the applicant, plus \$30.00 publication fee, for a total of \$180.00.

No action will be taken on this application until all of the
above requirements have been complied with.

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

I/We consent to the entry in or upon the premises described in
this application, by any authorized official of the City of
Clinton, Illinois, for purposes relating to that applied for
herein.

Applicant Signature _____

Date _____

