

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 \_\_\_\_\_

