

# APPLICATION FOR AMENDMENT TO THE OFFICIAL ZONING MAP (REZONING)

VILLAGE OF FAIRMONT CITY ♦ 2601 N. 41<sup>ST</sup> STREET ♦ FAIRMONT CITY, IL 62201 ♦ (618) 874-6100

Application Number: \_\_\_\_\_

Fee: \_\_\_\_\_

Date Fee Paid: \_\_\_\_\_

CREATED 4/03

## IMPORTANT INSTRUCTIONS

The Zoning Code of the Village of Fairmont City divides the community into separate zoning districts. Specific regulations govern each district and how property may be used within that district. At times, a property owner, or a person purchasing a particular property, may wish to have the zoning classification for that property changed. The standards that the Village Board must follow in order to amend the Official Zoning Map are listed in the Zoning Code under Section 1-1560. The applicant must be prepared to prove that the request for an amendment (rezoning) meets the requirements as outlined in that section.

Upon submission of this application, the Zoning Board of Appeals will schedule a public hearing. You will be notified by first class mail of the date and time of the hearing. A notice will also be published. You or a representative may be required to testify and present evidence at that hearing. The members of the Zoning Board of Appeals may question you and require other testimony. In addition, any interested party may testify either in favor of or against your request. Upon completion of the hearing, the Zoning Board of Appeals will forward a recommendation to the Village Board, who then consider your request in conjunction with the recommendation and findings of the Zoning Board of Appeals. If the Village Board votes to amend the Official Zoning Map, they will pass an ordinance at their next meeting, which will officially enact the rezoning.

APPLICANT NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

CHECK IF:  Property Owner  Contract Purchaser  Lessee  Other ( \_\_\_\_\_ )

OWNERS NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

PERMANENT TAX NUMBER: \_\_\_\_\_ LOT #: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

### PRESENT USE OF PROPERTY: (CHECK ALL THAT APPLY)

RESIDENTIAL:  Single Family  Duplex  Uniplex  Multi-Family (# of units \_\_\_\_\_)

Manufactured Home  Modular Home

ACCESSORY USES:  Garage  Carport  Swimming Pool  Other ( \_\_\_\_\_ )

BUSINESS USES:  Commercial  Industrial  Home Occupation TYPE: \_\_\_\_\_

VACANT LOT:  OTHER USE: \_\_\_\_\_

### PROPOSED USE OF PROPERTY: (CHECK ALL THAT APPLY)

RESIDENTIAL:  Single Family  Duplex  Uniplex  Multi-Family (# of units \_\_\_\_\_)

Manufactured Home  Modular Home

ACCESSORY USES:  Garage  Carport  Swimming Pool  Other ( \_\_\_\_\_ )

BUSINESS USES:  Commercial  Industrial  Home Occupation TYPE: \_\_\_\_\_

VACANT LOT:  OTHER USE: \_\_\_\_\_

### COMPLETE ADDITIONAL INFORMATION ON REVERSE SIDE

I hereby request that the above-described property be rezoned from its current classification to a zoning classification of \_\_\_\_\_, for the following reason:

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Ask the Zoning Administrator for a photocopy of the section of the Official Zoning Map which includes the property you wish to have rezoned. Attach it in the box labeled "Requested Zoning". Draw the new zoning district boundary lines that you are requesting. District lines should follow lot lines, right-of-way lines, or other such boundaries.

**REQUESTED ZONING**

**YOU MUST ALSO SUBMIT THE FOLLOWING ATTACHMENTS WITH YOUR APPLICATION:**

- \_\_\_\_\_ The legal description for property in question
- \_\_\_\_\_ Any additional documentation which supports your request

BY MY SIGNATURE BELOW, I CERTIFY THAT ALL OF THE ABOVE STATEMENTS AND THE INFORMATION CONTAINED IN ANY DOCUMENT OR PLANS SUBMITTED HERewith, ARE TRUE AND ACCURATE. I HEREBY CONSENT TO THE ENTRY IN OR UPON THE PREMISES DESCRIBED HEREIN, BY ALL AUTHORIZED OFFICIALS OF THE VILLAGE OF FAIRMONT CITY FOR THE PURPOSE OF INVESTIGATING THIS APPLICATION, INSPECTING THE PROPOSED WORK, AND POSTING, MAINTAINING, AND REMOVING ANY NOTICES REQUIRED BY ORDINANCE.

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_