

Map Amendment Permit Application

(\$250. fee plus publication costs and certified mail costs for notification of adjoining property owners within 400')

Date: _____

Permit # _____

Applicant/Owner-Name, Address & Phone Number:

(If applicant is not the owner, please attach a copy of a valid purchase option contract)

I swear or affirm that the information I provide on this map amendment application is accurate, complete and the factual representations I make are forthright and truthful. I understand that if that is not the case, I may be subject to the penalty provisions of the Menard County Zoning Ordinance.

1. Legal Description: _____

2. Property Identification Number (PIN): _____

3. Common Street Address: _____

Property Soil Type: _____

Property Productivity Index: _____

Current Zoning of Property: _____

Proposed Zoning of Property _____

Current Use of Property: _____

If re-zoning is approved, property will be used in following manner:

I have the legal authority to initiate the Zoning Map Amendment request and I am aware of the district amendment guidelines specified in Section 7.01C3b and am prepared to address the guidelines at the public hearings conducted on the request.

Dated: _____ Signed: _____