## **Execute in Duplicate**

## **Petition for Zoning Amendment**

Amendment Request No.

Zoning Board of Appeals St. Clair County Building Belleville, IL 62220

	Date
Do not w	rite in this space - office use only
Date set for hearing	Perm. Parcel No.
Date hearing held	Fee paid - receipt No.
Notice published	Amount Date
Newspaper	
Reommendation of Board of Appeals	Action by County Board
☐ Denied	Denied
Approved	Approved
Approved with modification	Approved with modification
Date	Resolution No.
	Date
	e in zoning. There are: (a) the original zoning was in error; (b) the conditions of legree as to warrant re-zoning. The burden of providing substantiating
Name of applicant	Phone
Address of applicant	
1. This application must be filled with an accurate legal descale not less than (1) inch equals two hundred (200) feet	escription and two copies of a plat map of the subject property drawn to a
Legal description	
Lot, Block, Subdivision	; metes and bounds description may be attached
2. Area of land re-zoning requested for	acres/square feet
3, Present Zone District Zone Classification	

4. a) Present use of property::	
b) Proposed use of property	y:
c) Address of property:	
5. Name of owner(s):	
Address of owner:	
Phone:	
	d to amend the zone district classification of certain described properties shown on the Zone ne applicant's described reasons and factual information supporting the requested re-zoning
Date	Signature of petitioner