



CITY OF CAHOKIA HEIGHTS

REQUEST FOR ZONING AMENDMENT

ZONING BOARD

AMENDMENT REQUEST # _____

DATE _____

PARCEL NO # _____

DATE SET FOR HEARING _____

FEE PAID _____

NOTICE PUBLISHED ON _____

AMOUNT \$ _____

NEWSPAPER _____

DATE _____

RECOMMENDATION OF ZONING BOARD:

ACTION BY CITY CONUCIL:

DENIED _____

DENIED _____

APPROVED _____

APPROVED _____

APPROVED WITH MODIFICATION _____

APPROVED WITH MODIFICATION _____

INSTRUCTIONS TO APPLICATION: TO REQUIRE A CHANGE IN EITHER THE ZONING MAP OR TEXT, THIS APPLICATION FOR A ZONING AMENDMENT MUST BE COMPLETED AND A PUBLIC HEARING HELD. IF THE APPLICATION IS REQUESTING THAT HIS/HER PROPERTY BE REZONED, A SITE PLAN MUST BE INCLUDED WITH THE APPLICATION SHOWING THE INFORMATION LISTED ON ATTACHED SHEET. NORMALLY THERE ARE ONLY TWO PRIMARY REASONS FOR A CHANGE IN ZONING: (1) THE ORIGINAL ZONING WAS IN ERROR; (2) THE CHARACTER OF THE AREA HAS CHANGED TO SUCH AN EXTENT AS TO WARRANT REZONING. THE BURDEN OF PROVIDING SUBSTANTIATING EVIDENCE REST WITH APPLICANT.

A NOTICE OF THE HEARING MUST BE PUBLISHED IN A NEWSPAPER OF GENERAL CIRCULATION IN THE LOCAL AREA AT LEAST 15 DAYS BEFORE THE HEARING AND THE PUBLICATION COST MUST BE PAID BY THE APPLICANT PRIOR TO HEARING. THE APPLICANT WILL BE NOTIFIED BY MAIL OF THE TIME AND PLACE OF THE HEARING AT LEAST 10 DAYS PRIOR TO THE HEARING DATE. THE APPLICANT OR THEIR ATTORNEY OR DUTY-AUTHORIZED AGENT MUST APPEAR AT THE HEARING AND PRESENT THEIR CASE TO THE ZONING BOARD. ALL INFORMATION REQUESTED BELOW MUST BE PROVIDED BEFORE A HEARING WILL BE SCHEDULED.

APPLICANT NAME _____

PHONE _____

STREET ADDRESS _____ (CITY) _____ ZIP CODE _____

DATE _____

SIGNATURE _____

PROPERTY INTEREST OF APPLICANT

OWNER ____ LESSEE ____ CONTRACT PURCHASER ____ OTHER ____

NAME OF OWNER _____

ADDRESS _____ (CITY) _____

ZIP CODE _____ PHONE _____

AN AMENDMENT TO THE ZONING ORDINANCE IS REQUESTED AS FOLLOWS:

A. ____ AMENDMENT TO TEXT:

IT IS REQUESTED THAT SECTION _____ OF THE ZONING ORDINANCE BE
AMENDED AS FOLLOWS: _____

REASON FOR AMENDMENT: _____

PRESENT USE OF PROPERTY _____

PROPOSED USE OF PROPERTY _____

REASON FOR AMENDMENT _____

NAMES OF AJACENT PROPERTY OWNERS:

THE FOLLOWING ARE THE NAMES OF OWNERS OF ALL PROPERTY ADJACENT TO THE SUBJECT PROPERTY, INCLUDING THOSE DIRECTLY ACROSS THE STREET AND PRESENT USE OF THEIR PROPERTY.

<u>NAME</u>	<u>ADDRESS</u>	<u>PRESENT USE</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I CERTIFY THAT ALL THE ABOVE STATEMENTS AND THE STATEMENTS CONTAINED IN ANY PAPERS SUBMITTED HERewith ARE TRUE AND ACCURATE. I CONSENT TO THE ENTRY IN OR UPON THE PREMISES DESCRIBED IN THIS APPLICATION BY ANY AUTHORIZED OFFICAL OF THE CITY OF CAHOKIA HEIGHTS, ILLINOIS FOR THE PURPOSE OF INSPECTING OR OF POSTING, MAINTAINING& REMOVING SUCH NOTICES AS MAY BE REQUIRED BY LAW.

DATE _____ APPLICANT'S SIGNATURE _____

DATE _____ OWNER(S) SIGNATURE _____