

**APPLICATION FOR AMENDMENT**

Marshall County Zoning Department  
552 State Route 26  
P. O. Box 242  
Lacon, IL 61540  
(309) 246-6401

Date Filed: \_\_\_\_\_ Case # \_\_\_\_\_  
Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_

**REQUEST FOR HEARING**

**Fees must be included when application is made.**

\_\_\_\_\_  
Petitioner \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Tax I. D. # \_\_\_\_\_

If applicable, LEGAL DESCRIPTION must be included with this application.

\_\_\_\_\_  
 Zoning Map       Zoning Regulation       Other \_\_\_\_\_  
\_\_\_\_\_

**EXPLANATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Signature of Petitioner(s) \_\_\_\_\_

No. of Acres \_\_\_\_\_

**FEE**       Map Amendment (rezoning) \$50.00 per acre (Minimum \$250.00)  
          Text Amendment                    \$250.00

**APPLICATION WILL NOT BE PROCESSED UNTIL FEES ARE RECEIVED.**

**Please make checks payable to: Marshall County Treasurer**

**TOTAL FEES DUE: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_**