

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 # _____