

**APPLICATION FOR SPECIAL USE PERMIT**

Date Filed: _____	Case # _____
Date Paid: _____	Amount: _____

Marshall County Zoning Department  
 552 State Route 26  
 Lacon, IL 61540  
 (309) 246-6401

**REQUEST FOR HEARING**

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

---



---

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

Mailing Address \_\_\_\_\_

Current Property Owner \_\_\_\_\_ Acreage \_\_\_\_\_

Petitioner's Interest in land \_\_\_\_\_

**A LEGAL DESCRIPTION OF PROPERTY MUST BE INCLUDED WITH THIS APPLICATION.  
PLEASE COMPLETE AND RETURN ATTACHED OWNERSHIP STATEMENT WITH APPLICATION**

---



---

**EXPLANATION**

---



---



---



---



---



---



---



---

Application Fee: \$50.00/acre (Minimum \$250.00 - Maximum \$5,000.00)  
 Application Fee for Towers: \$250.00 per Tower

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

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

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

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