

APPLICATION FOR VARIANCE

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. # _____

Property Location _____

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

EXPLANATION

Date: _____

Signature of Petitioner(s)

APPLICATION FEE \$250.00

APPLICATION WILL NOT BE PROCESSED UNTIL FEES ARE RECEIVED.

Please make checks payable to: Marshall County Treasurer

TOTAL FEES DUE: \$ _____ Check # _____ Receipt # _____