



Incorporated in 1869

Village of Rochester

ZONING BOARD OF APPEALS
C/O VILLAGE HALL

#1 COMMUNITY DRIVE
P.O. BOX 618
ROCHESTER, IL 62563-0618

REQUEST FOR ZONING - AMENDMENT

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DO NOT WRITE IN THIS SPACE -- FOR OFFICE USE ONLY

Date Filed _____ Zoning Amendment Request No. _____
 Date Set for Hearing _____ Date Hearing Held _____
 Published Notice Made _____ Newspaper _____
 Name of Municipality Where Published _____
 Date Adjacent Property Owners Notified _____
 Fee Paid _____ Amount _____ Date _____ Receipt No. _____
 Comments: (Indicate other actions such as continuances)

TO BE COMPLETED BY ZONING BOARD OF APPEALS

Action recommended by the Zoning Board on Request for Zoning Amendment _____

A Zoning Amendment is requested in conformity with the powers vested in the Zoning Board of Appeals to recommend, and the Village Board of Trustees to permit the _____

on the property described below, and in conformity with the statement of standards for the granting of a zoning amendment change.

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TO BE COMPLETED BY APPLICANT

Address, Use, and Zoning of Property

Address _____

Present Use _____

(Commercial, Industrial, Residential, Agricultural, etc.)

Zoning Category _____

Actions by Applicant on Property

Permit applied for and denied _____ Permit Application Number _____

(Yes/No)

An Appeal (___ was, ___ was not) made with respect to these premises, Appeal Application No. _____

_____ Appeal Denied _____ Appeal Application Accompanies this Request for Variation

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Data on Applicant and Owner

Name of Applicant(s) _____
Address of Applicant(s) _____
Property Interest of Applicant(s) _____
(Owner, contract purchaser, etc.)

Name of Owner(s) _____
Address of Owner(s) _____

Reasons for Request for Zoning Amendment

Please note that the following questions must be answered completely. If additional space is needed, attach extra pages to application.

Before answering, read the Notice to Applicants attached to this request form.

1. State what is the Amendment requested. _____
2. What prevents your property being used for the above. _____
3. Are the conditions of hardship for which you request a Amendment true only of your property? ____
If not, how many other properties are similarly affected? _____
4. Will the grant of an Amendment in the form requested be in harmony with the neighborhood and not contrary to the intent and purpose of the Zoning Ordinance? Y N Elaborate _____

Names of Surrounding Property Owners

Following are the names and addresses of surrounding property owners from the property in question for a distance of 250 feet in all directions, and the number of feet occupied by all public roads, streets, alleys, and public ways have been excluded in computing the 250 foot requirement. Said names are as recorded in the office of the County Recorder of Deeds (or the Registrar of Titles of the County) and as appear from the authentic tax records of this County.

| Name | Address |
|------|---------|
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I (We) certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my (our) knowledge and belief.

I (we) consent to the entry in or upon the premises described in this application by any authorized official of the village of Rochester, Illinois for the purpose of posting, maintaining, and removing such notices as may be required by law.

(Signature) Applicant Date

(Signature) Owner Date