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

_____

_____

_____

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_____

Application Fee: $50.00/acre (Minimum $250.00 - Maximum $50,000.00)
Application Fee for Towers: $500.00 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 # _____