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 # _____