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 # _____