

206 S Main St Brighton, IL 62002 618-372-8860 www.brightonil.com

REQUEST FOR ZONING A	MENDMENT
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Request No.

•	uest zoning amendment for property at	Street Addre	ss	City	Zip
	(DO NOT WRITE IN T	HIS SPACE	FOR OFFICE U	SE ONLY)	
Date	e set for hearing:	Perm	. Parcel No		
Notice Published on:		Fee F	Fee Paid: \$		
Adja	cent Properties Notification Mailed on:				
Recommendation of the Zoning Committee		Actio	Action by Village Board of Trustees-Zoning A		oning Appeals
()	Denied	()	Denied		
()	Approved	()	Approved	ORD.	NO
()	Approved with modification	()	Approved wi	th modification	
Date	9:	Date	:		
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Reason for amendment:_____

() An amendment to the use of property from ______ to _____ to _____

5. Names & Addresses of adjacent property owners: List the names and addresses of all adjacent or abutting property owners to the subject property.

NAME	ADDRESS
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

- 10.
- 6. I certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true and accurate. I understand that I have the right to appeal the decision of the Zoning Committee by addressing the Village Board of Trustees which serves as the Zoning Board of Appeals. By signing this request, I agree to pay all fees associated with the filing of this application (publication, mailing and processing).

Applicant(s) Signature:	
Date:	

Owner(s) Signature (If different from applicant):	
Date:	