



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

REQUEST FOR ZONING AMENDMENT

Date: _____
 Request No. _____

Request zoning amendment for property at: _____
Street Address City Zip

(DO NOT WRITE IN THIS SPACE—FOR OFFICE USE ONLY)

Date set for hearing: _____ Perm. Parcel No. _____
 Notice Published on: _____ Fee Paid: \$ _____ Date: _____
 Adjacent Properties Notification Mailed on: _____

Recommendation of the Zoning Committee

- () Denied
- () Approved
- () Approved with modification

Action by Village Board of Trustees-Zoning Appeals

- () Denied
- () Approved ORD. NO. _____
- () Approved with modification

Date: _____

Date: _____

Instructions to Applicants: This application is for a zoning amendment. You must complete this application and attend a public hearing held. All costs associated for the request of our amendment shall be the responsibility of the applicant, which must be paid in full before consideration (\$250). Denial of an amendment will not constitute reimbursement of any costs.

A notice of the hearing will be published in a newspaper of general circulation in the local area at least fifteen (15) days before the hearing. All adjacent property owners will be notified of the zoning amendment request and the hearing date by certified mail. The applicant and/or attorney or duly authorized agent must appear at the hearing and present their case to the Zoning Committee.

1. Name(s) of Applicant(s): _____ Phone: _____
 Address (If different from property in request): _____
2. Property interest of applicant(s): () Owner () Contract Purchaser () Lessee () Other: _____
3. Name(s) of owner(s) (If other than applicant): _____
 Phone: _____ Address: _____
Street Address City Zip
4. () An amendment to Zoning Classification (re-zoning) from _____ to _____
 Present use of property: _____
 Proposed use of property: _____
 Reason for amendment: _____
 () An amendment to the use of property from _____ 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: _____