

APPLICATION TO REZONE

City of Chillicothe
908 North Second Street / PO Box 145
Chillicothe, Illinois 61523
(309) 274-2020

SUBMITTAL REQUIREMENTS

1. Obtain an Application to Rezone from the City Clerk.
2. Fill out the application in its entirety.
3. Attach a legal description and sketch of the property to the application. Include building dimensions and distances to all lot lines if one or more buildings are located on, or proposed for, the property.
4. Submit application and attachments to the City Clerk along with a fee of **\$75.00.**
5. Watch for a notice of a public hearing for the proposed rezoning in the Times Bulletin. Note the date, time and place of the hearing.
6. Attend the public hearing in person and be prepared to verbally explain your request in detail.
7. Normally, the city council will decide whether to approve or deny your request during the first city council meeting after the public hearing. While it is not mandatory, you may attend the city council meeting if you wish.
8. A notice of the city council's decision will be sent to you within 24 hours.

Additional Notes:

–The **\$75.00** application fee is non-refundable.

- The rezoning process normally takes **3 to 5 weeks** from the time that a satisfactory application is submitted until a decision is rendered.
- You have the right to appeal the city council's decision. If you wish to appeal, contact the City Clerk to obtain the appropriate instructions and forms.

If you have questions, contact:

City Clerk
City Hall
908 N. Second Street
Chillicothe, Illinois 61523
(309)274-5518

APPLICATION TO REZONE

City of Chillicothe

908 North Second Street 1 PO Box 145
Chillicothe, Illinois 61523
(309) 274-2020

For Office Use Only

Date Received by City Clerk: _____

Fee Received: \$ _____ Date of Hearing: _____

Plan Commission Recommendation: [Approve [Deny

Date of Council Action: _____

Council Action: f Approve / [Deny

APPLICANT INFORMATION

Name: _____

Mailing Address: _____

City/State/Zip: _____

Daytime Phone: _____

PROPERTY OWNER INFORMATION

Name: _____

Address: _____

City / State: _____

Date Property Acquired: _____
(If Less Than One Year Ago)

PROPERTY INFORMATION

Street Address: _____

Circle Current Zoning: R-1 R-2 R-3 R-4 C-1 C-2 C-3 I-1 1-2

Circle Proposed Zoning: R-1 R-2 R-3 R-4 C-1 C-2 C-3 I-1 1-2

REQUIRED ATTACHMENTS

[] Legal Description

[] Sketch of Property, Dimensioned or Drawn to Scale

REASON FOR APPLICATION (Be specific.)

Explain why you are seeking the zoning change:

State what affect you feel the proposed change would have on the immediate neighborhood:

State what affect you feel the proposed change would have on Chillicothe in general:

SIGNATURE OF APPLICANT

Signature: _____ Date: _____