

**Map Amendment Permit Application**

*(\$300. fee plus publication costs and certified mail costs for notification of adjoining property owners within 400')*

Date: \_\_\_\_\_

Permit # \_\_\_\_\_

Applicant/Owner-Name, Address & Phone Number:

*(If applicant is not the owner, please attach a copy of a valid purchase option contract)*

I swear or affirm that the information I provide on this map amendment application is accurate, complete and the factual representations I make are forthright and truthful. I understand that if that is not the case, I may be subject to the penalty provisions of the Menard County Zoning Ordinance.

1. Legal Description: \_\_\_\_\_

\_\_\_\_\_

2. Property Identification Number (PIN): \_\_\_\_\_

3. Common Street Address: \_\_\_\_\_

Property Soil Type: \_\_\_\_\_

\_\_\_\_\_

Property Productivity Index: \_\_\_\_\_

\_\_\_\_\_

Current Zoning of Property: \_\_\_\_\_

Proposed Zoning of Property \_\_\_\_\_

Current Use of Property: \_\_\_\_\_

If re-zoning is approved, property will be used in following manner:

I have the legal authority to initiate the Zoning Map Amendment request and I am aware of the district amendment guidelines specified in Section 7.01C3b and am prepared to address the guidelines at the public hearings conducted on the request.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_