

Fee \$300.00

Menard County Zoning Ordinance Text Amendment Application

Applicant:	
Name	
Address	
Phone #	
Description of Proposed Amendment:	
Section or Zoning District	
Summary Of Proposed Amendment	
Signature of Applicant	Date Submitted
(TO BE COMPLETED BY ZONING ADMINISTRATOR)	
SECTION OF ZONING ORDINANCE TO BE AMENDED:	
Notes:	