

Application No. _____
Filing Fee \$ _____
Fee Paid Date _____

**CITY OF BELLEVILLE, ILLINOIS
OFFICE OF THE ZONING BOARD OF APPEALS**

APPLICATION FOR REZONING

INSTRUCTIONS TO APPLICANT:

All information requested must be completed on this application. Applicants are encouraged to visit this office for assistance in filling out this form. If possible, please call (618) 233-6810 Ext. 251 for an appointment to avoid delays.

1. DATA ON APPLICANT AND OWNER

Name of Applicant(s) _____ Telephone #: _____
Address of Applicant(s) _____
Property Interest of Applicant(s) _____
(OWNER / TENANT / CONTRACT PURCHASER / ETC.)
Name of Owner(s) _____
Address of Owner(s) _____

2. DESCRIPTION, USE AND ZONING OF PROPERTY

Address: _____
Legal Description (attach if necessary) _____
Permanent Parcel Number _____
Lot Size _____ feet x _____ feet = _____ square feet
Present Use of Property _____
(VACANT / RESIDENCE / BUSINESS / ETC.)
Property Located Zoning District _____ and in Ward # _____
Aldermen of Ward _____

- a. Does the present use of the property conform to all use regulations for the zoned district in which it is located? Yes (___) No (___). If "no," specify each non-conforming use: _____

- b. Do the existing structures comply with all area and bulk regulations for the zoned district in which it is located? Yes (___) No (___). If "no," specify each non-conforming use: _____

- c. Is property located within:
Special Flood Hazard Area (SPHA)? Yes (___) No (___)
Historic Preservation District? Yes (___) No (___)

3. VARIATION REQUESTED

- a. State the proposed use and the requested rezoning. (SPECIFY THE DISTRICT CLASSIFICATION).

4. SUPPORTING DATA (ATTACH ADDITIONAL INFORMATION IF NECESSARY)

- a. State the existing use(s) and zoning of other lots in the vicinity of the property in question. _____

- b. Describe the suitability of the property in question for uses already permitted under existing regulations.

- c. Describe the suitability of the property in question for the proposed use _____

RECOMMENDATION OF ZONING ADMINISTRATOR

Section(s) of Zoning Ordinance Involved in this Application _____

By _____ Date _____

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY

Date Filed _____

Special Use Request Number _____

Date Set for Hearing _____

Date Hearing Held _____

Published Notice Made _____

Newspaper _____

(DATE)

(NAME OF NEWSPAPER)

Name of Municipality Where Published _____

Date Abutting Property Owners Notified _____

Fee Paid: (___) Yes (___) No Receipt Issued: (___) Yes (___) No Amount: \$ _____ Date: _____

Comments (indicate other actions such as continuances): _____

Action by Board on Request for Special Use Permit _____

