

VILLAGE OF TOLONO, ILLINOIS

APPLICATION FOR A MAP AMENDMENT TO THE VILLAGE'S ZONING ORDINANCE

Date of Application _____

1. Name of Applicant _____ Phone _____
Address _____
(STREET NO. AND NAME) (POST OFFICE) (STATE) (ZIP CODE)
2. Name of Local Agent _____ Phone _____
Address _____
(STREET NO. AND NAME) (POST OFFICE) (STATE) (ZIP CODE)
3. Property Owner of Record _____ Phone _____
Address _____
(STREET NO. AND NAME) (POST OFFICE) (STATE) (ZIP CODE)
4. Property Location: _____

5. Attach a legal description and common address for each property for which zoning action is being requested.
6. Current Zoning for the Property: _____
7. Current Use of the Property: _____
8. Requested Zoning Action: _____

9. Attach a statement, or statements, justifying the request.
10. Attach other relevant characteristics about the subject property.

14. Has the Village Board of Trustees, the Plan Commission, or the Zoning Board of Appeals granted a variance, exception, other provisional or special use permit concerning this property? _____

If so, list Case No. and Describe _____

15. List all landowners within 100 feet of the property in question: _____

16. List all contiguous holdings in the same ownership: _____

Section _____ Lot(s) _____

Attached hereto is an affidavit of ownership indicating the dates the respective holdings of land were acquired, together with the book and page of each conveyance into the present owner as recorded in the County Recorder of Deeds (County Clerk's) office. This affidavit shall indicate the legal ownership of the property, the contract owner of the property, and the date the contract of sale was executed. **IN THE EVENT OF CORPORATE OWNERSHIP:** A list of all directors, officers, stockholders of each corporation owning more than five percent (5%) of any class of stock must be attached.

Signature of Applicant _____

NOTARY

STATE OF _____)

COUNTY OF _____) SS:

I, _____ hereby depose and say that all of the above statements and the statements contained in the papers submitted herewith are true.

Mailing Address _____
(STREET)

(CITY) (STATE) (ZIP CODE)

Subscribed and sworn to before me this day of _____

(CITY) (STATE) (ZIP CODE)

MY COMMISSION EXPIRES:

