

APPLICATION FOR TEXT AMENDMENT

BELVIDERE - BOONE COUNTY PLANNING DEPARTMENT

**Belvidere City Hall
401 Whitney Blvd. Suite 400
Belvidere, IL 61008**

FOR OFFICE USE ONLY

Filing Date: _____

Case Number: _____

City or County Text Amendment? (Please circle the appropriate answer)

Request: _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's Daytime Phone No: _____ **Fax No:** _____

If applicable:

Attorney's Name: _____

Attorney's Address: _____

Attorney's Phone No: _____ **Fax No:** _____

Applicant's Signature: _____ **Date:** _____

STAFF'S SIGNATURE: _____ **Date:** _____

Filing Fee – Amount Paid _____ **Check Number:** _____