

APPLICATION FOR ZONING CHANGE

BELVIDERE - BOONE COUNTY PLANNING DEPARTMENT
Belvidere City Hall
401 Whitney Blvd. Suite 400
Belvidere, Illinois 61008

FOR OFFICE USE ONLY	Belvidere	Boone County
Case Number _____	PZC Date _____	RPC Date _____
Filing Date _____	BPZ Date _____	ZBA Date _____
Zone District _____	CC Date _____	PZB Date _____
	CC Date _____	CB Date _____

PLEASE PRINT IN BLACK INK OR TYPE

1) The address or general location of the property for which this application is filed is:

 and its Parcel Identification Number is: _____
 and the legal description for the subject property is: **Lot** _____, **Block** _____,
Tract _____, **Subdivision Name** _____.
 (NOTE - If there is no lot, block, or tract, then attach a legal boundary description hereto.)

2) **Applicant Name:** _____
 Mailing Address: _____
 _____ Zip: _____
 DaytimePhone: _____ Fax: _____

3) **Property Owner Name:** _____
 Mailing address: _____
 _____ Zip: _____
 Daytime Phone: _____ Fax: _____

4) **Attorney Name:** _____
 Mailing Address: _____
 _____ Zip: _____
 Daytime Phone: _____ Fax: _____

5) **Project Manager:** In order to reduce confusion, planning staff requests one contact person be designated to discuss issues concerning this petition.
 Name: _____
 Mailing Address: _____
 _____ Zip: _____
 Daytime Phone: _____ Fax: _____

6) Describe existing use of property: _____

review all zoning applications for their impact on cultural or historical resources if the proposed development involves State or Federal funding. Illinois law allows thirty (30) days for their response. The applicant is responsible for contacting the Illinois Historic Preservation Agency at (1-217-782-4836).

DECLARATION

I, the applicant, of the above legally described property on which the zoning change is proposed, has provided answers to the questions herein that are true to the best of my knowledge. I have been granted permission by the property owner(s) of the above legally described property to apply for a zoning change on said property.

By virtue of my application for a zoning change, I do hereby declare that the appropriate appointed and elected officials responsible for the review of my application are given permission to visit and inspect the property proposed for a zoning change in order to determine the suitability of the request.

Applicant Signature: _____ Date Signed: _____

Owner(s) Signature: _____ Date Signed: _____
_____ Date Signed: _____

STAFF SIGNATURE: _____ Date Signed: _____

Filing Fee - Amount Paid: _____ Check Number: _____

FILING PROCEDURE

A. Submit this form and supporting information accompanied by an application fee (make checks

payable to the Boone County Treasurer). See the attached fee schedule.

- B. Selection of newspaper publication. See the attached newspaper selection sheet.
- C. City of Belvidere Applicants must appear before the Belvidere Planning & Zoning Commission, Building, Planning and Zoning Committee, and the Belvidere City Council.

Boone County Applicants must appear before the Boone County Regional Planning Commission, Boone County Zoning Board of Appeals, Planning, Zoning and Building Committee, and the Boone County Board. Boone County Applicants must also appear before the Joint Planning Commission if their property is located within 1.5 miles of Belvidere.