

**APPLICATION FOR CHANGE OF ZONING DISTRICT
CITY OF MACOMB ILLINOIS
OFFICE OF BUILDING & ZONING**

\$100.00

1. APPLICANT: _____ TELEPHONE: _____

ADDRESS: _____

2. PROPERTY OWNER (if other than above): _____ TELEPHONE: _____

ADDRESS: _____

3. ADDRESS OF PROPERTY AFFECTED: _____

4. LEGAL DESCRIPTION OF PROPERTY AFFECTED:

5. PRESENT ZONING DISTRICT: _____ REQUESTED DISTRICT: _____

6. PRESENT OR FORMER TYPE OF LAND USE ON PROPERTY: _____

Note: Please describe why you would want for the zoning district to be changed and what affect granting of the proposed rezoning special use permit would have on the overall character of surrounding properties, the neighborhood and the general vicinity. If you believe there will be little or no affect, please explain why. Address items such as affect on: surrounding land uses; potential nuisances; adequacy of public facilities; traffic flow; parking; ingress/egress; destruction of natural features; lot suitability; and storm water drainage. It may be helpful, but is not required, for you to attach a building or site plan to better supplement your description and to help justify the proposed rezoning.

7. APPLICANT SIGNATURE: _____

DATE: _____

OWNER SIGNATURE (if other than above): _____

DATE: _____