

Rezoning Petition

Village of Mt. Zion 1400 Mt. Zion Parkway Mt. Zion, IL 62549

Village of Mt. Zion

217-864-5424 Fax 217-864-5935

To the honorable President of the Village Board, the Board of Trustees, and the Planning and Zoning Commission of the Village of Mt. Zion, Illinois.

The undersigned hereby request the rezoning from _____ (existing classification) to _____ (desired classification) of the property legally described as follows:

Commonly described as:

Proposed use of the property if rezoning is granted:
--

Name and address of all abutting land owners:

1
2
3
4
5

Name and Address of owner(s) of land described in petition:

Name and address of petitioner(s) if other than owner:
--

Agent or representative of petitioner(s):

Requirements:

1. An attached sealed map must be provided showing the dimensions of the property, and the zoning of the surrounding property.
2. The proper fee must be attached in the amount of \$150.00

Signature

Date