

APPLICATION FOR AMENDMENT TO THE OFFICIAL ZONING MAP (REZONING)

CITY OF RED BUD ° 200 E. MARKET ° RED BUD, IL 62278 ° (618) 282-3339

Application Number: _____ Fee: \$200.00 Date Fee Paid: _____

IMPORTANT INSTRUCTIONS

The Zoning Code of the City of Red Bud divides the community into separate zoning districts. Specific regulations govern each district and how property may be used within the district. At times, a property owner, or a person purchasing a particular piece of property, may wish to have the zoning classification for that property changed. The standards which the City Council must follow in order to amend the Official Zoning Map are listed in the Zoning Code under section 40-8-3. The applicant must be prepared to prove that the request for an ammendment (rezoning) meets the requirements as outlined in that section.

Upon submission of this application, the Planning Commission will schedule a public hearing. You will be notified by first class mail of the date and time of the hearing. A notice will also be published. You or a representative may be required to testify and present evidence at that hearing. The members of the Planning Commission may question you and require other testimony. In addition, any interested party may testify either in favor of or against your request. Upon completion of the hearing, the Planning Commission will forward a recommendation to the City Council, who then consider your request in conjuncton with the Planning Commission's recommendation and findings. If the City Council votes to amend the Official Zoning Map, they will pass an ordinance at their next meeting which will offically enact the rezoning.

APPLICANTS NAME: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Circle One: Property Owner Contract Purchaser Lessee Other (_____)

OWNERS NAME: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

ADDRESS OF PROPERTY: _____

PERMANENT TAX #: _____ Lot #: _____ ZONING DISTRICT: _____

PRESENT USE OF PROPERTY: (CIRLCE ALL THAT APPLY)

RESIDENTIAL: Single Family Duplex Uniplex Mult Family (# of units _____)
 Manufactured Home Modular Home

ACCESSORY USES: Garage Carport Swimming Pool Other (_____)

BUSINESS USES: Commercial Industrial Home Occupation TYPE:

VACANT LOT: OTHER USES:

PROPOSED USE OF PROPERTY: (CIRLCE ALL THAT APPLY)

RESIDENTIAL: Single Family Duplex Uniplex Mult Family (# of units _____)
 Manufactured Home Modular Home

ACCESSORY USES: Garage Carport Swimming Pool Other (_____)

BUSINESS USES: Commercial Industrial Home Occupation TYPE:

VACANT LOT: OTHER USES:

I hereby request that the above described property be rezoned from its current classification to a zoning classification of _____, for the following reason:

Ask the Zoning Administrator for a photo copy of the section of the Official Zoning Map which includes the property you wish to have rezoned. Attach it in the box labeled "Requested Zoning". Draw the new zoning district boundary lines that you are requesting. District lines should follow lot lines, right-of-way lines, or other such boundaries.

REQUESTED ZONING

YOU MUST ALSO SUBMIT THE FOLLOWING ATTACHMENTS WITH YOU APPLICATION

- _____ The legal description for property in question
- _____ Any additional documentation which supports your request

BY MY SIGNATURE BELOW, I CERTIFY THAT ALL OF THE ABOVE STATEMENTS AND THE INFORMATION CONTAINED IN ANY DOCUMENT OR PLANS SUBMITTED HERewith, ARE TRUE AND ACCURATE. I HEREBY CONSENT TO THE ENTRY IN OR UPON THE PREMISES DESCRIBED HEREIN, BY ALL AUTHORIZED OFFICIALS OF THE CITY OF RED BUD FOR THE PURPOSED OF INVESTIGATING THIS APPLICATION, INSEPECTING THE PROPOSED WORK, AND POSTING, MAINTAINING, AND REMOVING ANY NOTICES REQUIRED BY ORDINANCE.

APPLICANT: _____

DATE: _____

OWNER: _____

DATE: _____