

# APPLICATION FOR AMENDMENT TO THE OFFICIAL ZONING MAP (REZONING)

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

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

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## IMPORTANT INSTRUCTIONS

The Zoning Code of the City of Red Bud divides the City into separate zoning districts. Specific regulations govern each district and how property may be used within the district. At times, an applicant may wish to have the zoning classification for a property changed. The following factors are to be considered: is it in the public interest and not merely the party proposing the change; the existing use of nearby properties; district classification of nearby properties; suitability of property for uses already permitted under its current classification; and trend of development nearby. All procedures for a map amendment (rezoning) are listed in Section 173-109 of the City Code.

Upon submission of this application, the Planning Commission will schedule a public hearing. You and adjacent neighbors will be notified by certified mail of the date and time of the hearing. A notice will also be published. You or a representative shall present evidence and may be required to testify 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 will consider your request in conjunction with the Planning Commission's recommendation and findings. If the City Council votes to grant the map amendment (rezoning), they will pass an ordinance at their next meeting which will officially enact the map amendment (rezoning).

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APPLICANT NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check One: Property Owner Contract Purchaser Lessee Other ( )

OWNER NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

PERMANENT TAX # \_\_\_\_\_ Lot #: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

### USE OF PROPERTY: (CHECK ALL THAT APPLY)

RESIDENTIAL: Single Family Duplex Uniplex Multi 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: (CHECK ALL THAT APPLY)

RESIDENTIAL:      Single Family      Duplex      Uniplex      Multi Family (# of unit \_\_\_\_)  
                            Manufactured Home      Modular Home

ACCESSORY USES:      Garage      Carport      Swimming Pool      Other (\_\_\_\_\_)

BUSINESS USES:      Commercial      Industrial      Home Occupation      TYPE:

VACANT LOT: \_\_\_\_\_ OTHER USES: \_\_\_\_\_

Describe in detail how the factors listed in the first paragraph on page one are affected by your request:

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Describe in detail the requested map amendment (rezoning) and the reason for the request:

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Does this map amendment (rezoning) affect any other nearby properties?	Yes	No
Is the current use of the property permitted by the Zoning Code?	Yes	No
If not, is the use already operating under a Special Use Permit?	Yes	No
Do the existing buildings meet the area/bulk requirements of the Zoning Code?	Yes	No
If not, has a variation already been issued allowing the non-conformity?	Yes	No

Ask the Zoning Administrator for a photocopy of the section of the Official Zoning Map which includes the property you wish to have rezoned. Please attach it in the space below labeled "Requested Zoning" or as a separate document. 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 YOUR 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 PURPOSE OF INVESTIGATING THIS APPLICATION, INSPECTING THE PROPOSED WORK, AND POSTING, MAINTAINING, AND REMOVING ANY NOTICES REQUIRED BY ORDINANCE.**

APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

OWNER: \_\_\_\_\_

DATE: \_\_\_\_\_