

CITY OF SOUTH BELOIT, ILLINOIS

APPEAL APPLICATION

Name of Applicant: _____

Address of Applicant: _____

The applicant is the (check one): _____ owner
_____ authorized representative of the
owner of the property for which this zoning application is being filed.

Address or legal description of the property for which this zoning application is being
filed: _____

Map: Attach to this petition an accurate scale drawing of the site and the surrounding
area for a distance of at least three hundred (300) feet from each boundary of the site
showing the location of streets and property lines.

Section(s) of Zoning Ordinance Text, and/or Map being questioned by applicant: _____

Signature of Applicant: _____ Date: _____

TO BE FILLED OUT BY ZONING OFFICER

Zoning Officer's decision on above request: _____
(sight appropriate Section(s) of Zoning Ordinance.)

Signature of Zoning Officer: _____ Date: _____