



Application for Comprehensive Plan Map Amendment

PLAN COMMISSION

The Applicant is responsible for paying the cost of legal publication fees. Estimated costs for these fees usually run between \$75.00 to \$225.00. The applicant will be billed separately by the News-Gazette.

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY

Date Request Filed _____ Plan Case No. _____

Fee Paid - Check No. _____ Amount _____ Date _____

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

1. APPLICANT CONTACT INFORMATION

Name of Applicant(s): _____ Phone: _____

Address (*street/city/state/zip code*): _____

Email Address: _____

Property interest of Applicant(s) (*Owner, Contract Buyer, etc.*): _____

2. OWNER INFORMATION

Name of Owner(s): _____ Phone: _____

Address (*street/city/state/zip code*): _____

Email Address: _____

Is this property owned by a Land Trust? Yes No

If yes, please attach a list of all individuals holding an interest in said Trust.

3. PROPERTY INFORMATION

Address/Location of Subject Site: _____

PIN # of Location: _____

Lot Size: _____

Current Zoning Designation: _____

Current Land Use (*vacant, residence, grocery, factory, etc.*): _____

Proposed Land Use: _____

Present Comprehensive Plan Designation: _____

Proposed Comprehensive Plan Designation: _____

How does this request conform to the Comprehensive Plan?

Legal Description:

4. CONSULTANT INFORMATION

Name of Architect(s): Phone:

Address (*street/city/state/zip code*):

Email Address:

Name of Engineers(s): Phone:

Address (*street/city/state/zip code*):

Email Address:

Name of Surveyor(s): Phone:

Address (*street/city/state/zip code*):

Email Address:

Name of Professional Site Planner(s): Phone:

Address (*street/city/state/zip code*):

Email Address:

Name of Attorney(s): Phone:

Address (*street/city/state/zip code*):

Email Address:

5. PROPOSED COMPREHENSIVE PLAN MAP AMENDMENT

Portion(s) of Comprehensive Plan affected by petition:

Change #1: Map - Page -

Change #2: Map - Page -

Change #3: Map - Page -

Why is this Comprehensive Plan amendment needed? (What are the implications on the City of the proposed amendment?)

What error in the existing Comprehensive Plan would be corrected by the proposed Amendment?

What changed or changing conditions warrant the approval of this Amendment?

What other circumstances justify the Amendment?

Time schedule for development (*if applicable*)

Additional exhibits submitted by the applicant

NOTE: If additional space is needed to accurately answer any question, please attach extra pages to the application.

By submitting this application, you are granting permission for City staff to post on the property a temporary yard sign announcing the public hearing to be held for your request.

CERTIFICATION BY THE APPLICANT

I certify all the information contained in this application form or any attachment(s), document(s) or plan(s) submitted herewith are true to the best of my knowledge and belief, and that I am either the property owner or authorized to make this application on the owner's behalf.

Applicant's Signature

Date

PLEASE RETURN THIS FORM ONCE COMPLETED TO:

City of Urbana
Community Development Department Services
Planning Division
400 South Vine Street, Urbana, IL 61801
Phone: (217) 384-2440
Fax: (217) 384-2367