



# Application for Comprehensive Plan Text 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: \_\_\_\_\_

### 2. PROPOSED COMPREHENSIVE PLAN TEXT AMENDMENT

Portion(s) of Comprehensive Plan affected by application:

Change #1: Chapter -            Page -  
Change #2: Chapter -            Page -  
Change #3: Chapter -            Page -

Existing Text of the Comprehensive Plan:

Proposed Text of the Comprehensive Plan:

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 petitioner

***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