



Application for Zoning Map Amendment

PLAN COMMISSION

The application fee must accompany the application when submitted for processing. Please refer to the City’s website at <http://www.urbanaininois.us/fees> for the current fee associated with this application. **The Applicant is also responsible for paying the cost of legal publication fees.** Estimated costs for these fees usually run between \$75.00 and \$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: _____
Proposed Zoning Designation: _____
Current Land Use (*vacant, residence, grocery, factory, etc*): _____
Proposed Land Use: _____
Present Comprehensive Plan Designation: _____

How does this request conform to the Comprehensive Plan?

Legal Description (*If additional space is needed, please submit on separate sheet of paper*):

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. REASONS FOR MAP AMENDMENT:

What error in the existing Zoning Map would be corrected by the Proposed Amendment?

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

Explain why the subject property is suitable for the proposed zoning.

What other circumstances justify the zoning map 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