

VILLAGE OF TOLONO, ILLINOIS

APPLICATION FOR A MINOR AMENDMENT TO AN APPROVED SPECIAL USE

Date of Application _____

1. Name of Applicant _____ Phone _____

Address _____
(STREET NO. AND NAME) (POST OFFICE) (STATE) (ZIP CODE)

2. Name of Local Agent _____ Phone _____

Address _____
(STREET NO. AND NAME) (POST OFFICE) (STATE) (ZIP CODE)

3. Property Owner of Record _____ Phone _____

Address _____
(STREET NO. AND NAME) (POST OFFICE) (STATE) (ZIP CODE)

4. Property Location: _____

5. Attach a legal description and common address for each property for which zoning action is being requested.

6. Current Zoning for the Property: _____

7. Current Special Use of the Property: _____

8. Date when the Special Use Permit was Granted: _____

9. Minor Amendment Requested for the Special Use Property: _____

10. List all landowners within 100 feet of the property in question: _____

11. Attach six (6) copies of proposed site plan.
12. Attach six (6) copies of the proposed development schedule.
13. Attach a statement, or statements, justifying the request.
14. Attach other relevant characteristics about the subject property.
15. List all contiguous holdings in the same ownership: _____

Section _____ Lot(s) _____

Attached hereto is an affidavit of ownership indicating the dates the respective holdings of land were acquired, together with the book and page of each conveyance into the present owner as recorded in the County Recorder of Deeds (County Clerk's) office. This affidavit shall indicate the legal ownership of the property, the contract owner of the property, and the date the contract of sale was executed. **IN THE EVENT OF CORPORATE OWNERSHIP:** A list of all directors, officers, stockholders of each corporation owning more than five percent (5%) of any class of stock must be attached.

Signature of Applicant _____

NOTARY

STATE OF _____)

COUNTY OF _____) SS:

I, _____ hereby depose and say that all of the above statements and the statements contained in the papers submitted herewith are true.

Mailing Address _____
(STREET)

(CITY) _____ (STATE) _____ (ZIP CODE) _____

Subscribed and sworn to before me this day of _____

(CITY) _____ (STATE) _____ (ZIP CODE) _____

MY COMMISSION EXPIRES:

For Village Use Only:

Application Received: _____
DATE PERSON RECEIVING APPLICATION AND FEE

Fee Paid: _____
DATE AMOUNT \$

Fee Receipt Number: _____

Action Taken:

Application Approved: _____
DATE BY

Application Denied: _____
DATE BY

Other Notes: _____

