

G O D F R E Y

ILLINOIS

APPLICATION FOR REZONING

Date _____

Applicant Name: _____

Address: _____

Phone/Email: _____

Address of Property rezoning request is for: _____

Parcel ID#: _____ Current Zoning District: _____

Reason for rezoning: _____

Submission Requirements:

1. Original copy of the legal description of the property. Written permission demonstrated from the owner granting permission for rezoning is required. Copies of the legal description may be obtained from the property deed maintained at the County Recorder's Office in Edwardsville 692-8919.
2. Nonrefundable filing fee of \$250.00 for Rezoning to accompany application. Applicants are also responsible for the cost of legal add and mailings to neighboring properties.
3. Posting Notice: You are required to post a notice 10 days prior to public hearing date. Posters can be picked up from Building and Zoning Office.
4. Additional questions are to be directed to the Zoning Administrator, 618-466-1206; Additional information may be required.
5. Meetings are held at the Village Hall, located at 6810 Godfrey Road. It is necessary to be present for each meeting.
6. Your application will be submitted to the Zoning Administrator for review. In turn, if the application meets all requirements, it will be presented to the Planning and Zoning Commission. The Commission meets once a month to consider applications. Public hearings are held at the beginning of each meeting. Five to Six weeks may elapse before final action results with the Village Board of Trustees. Deadlines must be met; Please inquire.

SIGNATURE OF APPLICANT: _____

I affirm and certify that all the information and answers to questions herein are complete, true, and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and will be cause for revocation of permit(s), whenever discovered. Any person who shall violate or fail to comply with any building codes or permit process shall be charged according to current Village ordinances.

Reviewed by Zoning Administrator: _____ Date: _____

Fee Paid: _____ Date: _____

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In order that the Planning and Zoning Commission may properly evaluate your application, please furnish responses to the following standards:

A. Consistency with the Comprehensive Plan: _____

B. The impact the amendment would have on schools, traffic, streets, shopping, public utilities, and adjacent properties: _____

C. Whether the application is necessary for the public convenience at that location: _____

D. Whether the application is so designed, located, and proposed to be operated so that the public health, safety, and welfare will be protected: _____

E. Whether the application will cause injury to the value of other property in the neighborhood in which it is located: _____

VERIFICATION

Being duly sworn on oath, I, _____, attest that all of the information I set forth in my Application for Rezoning filed with the Zoning Administrator of the Village of Godfrey, an accurate copy thereof being attached hereto and made a part hereof, is true and correct to the best of my information and belief.

Applicant: _____

Subscribed and sworn to before me this ____ day of _____, 20____

STATE OF ILLINOIS, COUNTY OF MADISON

Notary Public: _____

SEAL