

Village of Durand, Illinois

APPLICATION FOR A ZONING MAP AMENDMENT

Name of applicant: _____

Address of applicant: _____

The applicant is the (check one) _____ Owner
_____ Authorized representative of the owner of the
Property for which this application is being
filed.

Address or legal description of the property for which this zoning application is being
filed: _____

Map: Attach to this petition an accurate scale drawing of the site and the surrounding
area for a distance of three hundred (300) feet from each boundary of the site showing
the location of the streets and property lines.

A change in classification from _____ District to the _____ District of the Durand
Zoning Ordinance is hereby requested for the above-described property.

Fee Structure

A fee of \$150.00 shall
accompany this application.

**TO BE FILLED OUT BY THE
ZONING ADMINISTRATOR.**

Existing Zoning District Classification of
the property. _____

Date Received: _____

Action taken: _____

Planning Commission: _____

Zoning Board Appeals: _____

Village Board of Trustees: _____

Signature of Applicant _____

Signature of Zoning Administrator _____

Date _____

Date _____