

**VILLAGE OF NEW BERLIN, ILLINOIS
PETITION FOR REZONING**

TO: Zoning Board of Appeals and Village Board
New Berlin, IL 62670

Date: _____

[DO NOT WRITE IN THIS SPACE -- FOR OFFICE USE ONLY]

Date Set for Hearing _____ Fee \$ _____

Notice Published _____ Date Paid _____

Newspaper _____

Notice Mailed to Adjacent Landowners _____

Notice Posted on Subject Property _____

Date _____

Zoning Board of Appeals
Recommendation

Village Board Action Date _____

Approve Date _____

Denied

Deny Chairman's Initials _____

Approved (Ordinance No. _____)

Approve with Modification

INSTRUCTIONS TO APPLICANTS: All information required by this Application must be completed and submitted herewith. Applicants are encouraged to visit the Village office for any assistance needed in filling out this form.

Normally there are two primary reasons for change in zoning. There are: (a) the original zoning was in error; (b) the conditions of the neighborhood have changed to such an extent or degree as to warrant re-zoning. The burden of providing substantiating evidence rests with the applicant. See Section 40-9-2 of the Zoning Ordinance for further details.

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PHONE NUMBER: _____ e-mail: _____

Interest of Applicant in the Subject Property (if not owner):

1. This application must be filed with an accurate legal description and one copy of a plat map or aerial (from Sangamon County GIS) of the property showing the location of all existing and proposed structures and setbacks, and structures on all adjacent properties.

LEGAL DESCRIPTION _____
Lot, Block, Subdivision, Metes and Bounds--may be on attachment

2. Street Address AND Property Index Number (PIN) of Property

3. (a) Present Zoning District Classification of subject and adjacent properties

(show zone district boundaries on plat): _____

(b) Requested New Zoning District Classification of subject Property: _____

4. Present use of Property: _____

Proposed use of Property: _____

5. Names, addresses and phone numbers of all owners of record:

6. **NAMES AND ADDRESSES OF ALL ADJACENT PROPERTY OWNERS ARE ATTACHED.**

7. An amendment is requested to amend the Zone District Classification of certain described properties shown on the Zone District Map. **A statement of the applicant's described reasons and factual information supporting the requested rezoning is attached.**

DATE: _____ SIGNATURE: _____

OWNERS' CONSENT

[This part need be signed only if the applicant is different from the owner or if there is more than one owner of record]

I consent to this requested rezoning

