Zoning Amendment Application Form

Request for Rezoning of Property

Applicant Information

Name of Property Owner(s): _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Property Information

Please complete this section for each parcel you are requesting to rezone.

Property Address (as known): _____

Property Identification Number (PIN): _____

(You can locate your PIN using the Champaign County GIS system at https://www.ccgisc.org/)

Current Zoning Classification: _____

Proposed Zoning Classification: _____

Reason for Request

Please explain the reason for the zoning amendment request and describe the intended use of the property following the proposed rezoning.

Additional Required Submissions

Please include the following items with your completed application:

- [ ] A copy of the most recent property tax bill or other document demonstrating ownership.

- [ ] A PIN of the parcel(s).

- [ ] A written narrative supporting the rezoning request.

- [ ] Any additional supporting documentation (e.g., site plans, concept drawings).

- [ ] $300 application fee.

The Village, at its discretion, may request additional information to consider this request.

Acknowledgment and Signature

I (we), the undersigned, certify that I (we) am (are) the legal owner(s) of the property described above or have been authorized in writing to act on behalf of the owner(s). I (we) request that the Village of St. Joseph consider the requested zoning amendment in accordance with the Village's zoning ordinance.

Signature of Applicant: _____

Date: _____

Signature of Co-Applicant (if any): _____

Date: _____

Please return this completed application and all required materials to:

Village of St. Joseph
207 East Lincoln Street
St. Joseph, Illinois 61873
support@stjosephillinois.org