

# Special Use Permit

## Village of Mt. Zion

Village of Mt. Zion, Illinois 400 Main Street 62549

217-864-5424 Fax 217-864-5935

To the honorable President of the Village Board, the Board of Trustees, and the Planning and Zoning Commission of the Village of Mt. Zion, Illinois.

The undersigned hereby request a Special Use Amendment to:

Of the property legally described as follows:

Commonly described as:

Proposed use of the property if Special Use is granted:

What special hardship exists that would qualify the petitioner(s) for a Special Use?

Name and address of all abutting land owners:

1
2
3
4
5
Name of land owner:

Name and address of petitioner:

Agent or representative of petitioner:

Requirements:

1. An attached sealed map must be provided showing the dimensions of the property.
2. the proper fee must be attached in the amount of \_\_\_\_\_ \$150.00

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date