

**CARROLL COUNTY ZONING APPLICATION**

**PUBLIC HEARING**

**VARIANCE/REZONE/SPECIAL USE**

Carroll County Zoning, PO Box 227, Mt Carroll, IL 61053

Phone: 815-244-0284 Fax: 815-244-1046 email: [zoning@carroll-county.net](mailto:zoning@carroll-county.net)

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY ADDRESS IF DIFFERENT FROM MAILING ADDRESS:

\_\_\_\_\_

**DOCUMENTATION TO BE FILED WITH APPLICATION**

\_\_\_\_\_ WHAT IS BEING REQUESTED : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ \$400.00 FEE FOR HEARING \$75.00 FEE FOR EXISTING OR 10% SETBACK VARIANCE

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**OFFICE USE ONLY**

COUNTY PIN: \_\_\_\_\_

PROPERTY DESCRIPTION: \_\_\_\_\_

DATE FEE PAID: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

DATE ZONING PERMIT: ISSUED DENIED \_\_\_\_\_