



VILLAGE OF FORSYTH

301 S. Route 51 P.O. Box 80

Forsyth, IL. 62535

Phone: (217) 877-9445/ Fax: (217) 877-9863



VARIANCE REQUEST FORM

OWNER:

APPLICANT:

1. Name: _____

2. Address: _____

3. Phone: _____

4. Location of property: _____

5. Legal Description of property: _____

6. Requested exception(s) to the Zoning Ordinance:

7. Provide a brief narrative of what you are asking for and why the variance is needed:

8. Existing zoning of property: _____

9. Provide a description (picture, drawing, plat, survey, or plat) of what you are requesting.

Request for Variance:

A description of the proposed use and/or variation, including a dimensioned site plan or plot is required, unless specifically waived by the Zoning Officer. However, the Zoning Board of Appeals may overrule such waiver and require the submission of a dimensioned site plan before making their findings and recommendation to the Board of Trustees.

10. \$90.00 Application Fee: _____



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Signature: _____ Date: _____

**If more room is needed, please use the back side of this form or attach another piece of paper.