

VILLAGE OF FORSYTH

301 S. Route 51

Forsyth, IL 62535

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



TEXT AMENDMENT APPLICATION

Name: _____

Address: _____

Phone Number: _____

Text Amendment being proposed:

Explain how the proposed text amendment relates to the Comprehensive Plan or otherwise promotes the public health, safety, and general welfare of the Village of Forsyth:

\$90.00 Application Fee: Required at time of the application. The fee will not be refunded if the request is denied by the Village Board of Trustees.

Signature: _____ Date: _____

For office use only	
Date Received: _____	PZC Meeting Date: _____
Application Fee Paid: _____	Board Meeting Date: _____
Approved (Y/N): _____	Ordinance # _____