

MAP AMENDMENT APPLICATION CHECKLIST:

- Complete the entire Map Amendment Request Form including:
 - Owner or Applicant (Please check appropriate box. However, if you are the applicant, contact information is needed for you and the owner.)
 - Legal Description of the Property (Example: Lot 1, Subdivision, Parcel #, A part of the southwest quarter of the northwest quarter of Section 23, Township 17, North Range 2 east of the 3rd PM, and where the deed is recorded with the Macon County Recorder's Office – (217) 424-1359)
 - Existing zoning of the property (if unsure please verify with Village Hall)
 - Proposed zoning of the property
 - State the existing use of the property.
 - State the proposed use of the property with the proposed special use request.
 - Provide a location map showing the property lines, streets, and such items as the Zoning Official may require.
 - Answer the three questions relating to the map amendment request for the property that will help the Planning and Zoning Commission and Village Board make their decision on the request. For question 3, use the excerpt from the Development Ordinance for Section 9.11 F Standards.
 - Paying the required fee
 - Sign and date the form and return to Village Hall
- After the application is deemed complete, Village Hall will create and provide a list of property owners that own property within 250 feet of your property. You are required to send each of them a copy of the notice that will be provided by Village Hall by certified mail at least 10 days prior to the public hearing. The return receipt cards should be returned to Village Hall prior to the hearing, or at the latest, the time of the hearing.

* Planning and Zoning Commission meetings are held every 4th Thursday of the month and Board of Trustee meetings are held every 1st and 3rd Monday of the month. Village Staff will inform you of the date your application will go before the Commission and Board.

Question 3:

Section 9.11 F – Standards:

The Planning and Zoning Commission shall not recommend, nor the Village Board grant, an amendment to alter the zoning district boundary lines, unless it shall determine, based upon the evidence presented to the Planning and Zoning Commission, that:

- (1) The amendment promotes the public health, safety, comfort, convenience, and general welfare of the Village, and complies with the policies, Comprehensive Plan, and other official plans of the Village of Forsyth.
- (2) The trend of development in the area of the subject property is consistent with the requested amendment.
- (3) The requested zoning classification permits uses which are more suitable than the uses permitted under the existing zoning classification.
- (4) The property cannot yield a reasonable return if permitted to be used only under the conditions allowed under the existing zoning classification.
- (5) The amendment, if granted, will not alter the essential character of the neighborhood, and will not be a substantial detriment to adjacent property.

VILLAGE OF FORSYTH

301 S. Route 51
Forsyth, IL 62535

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



MAP AMENDMENT APPLICATION

OWNER:

APPLICANT:

Name: _____

Address: _____

Phone Number: _____ E-mail: _____

Property Address: _____ PIN #: _____

Legal Description of the Property:

Current Zoning District: _____

Proposed Zoning District: _____

Existing use of the property:

Proposed use of the property:

*Attach a location map showing the property lines, streets, and such items as the Zoning Official may require.

Address the following items:

1. How does the amendment relate to the Comprehensive Plan?:

2. How does the amendment promote the public health, safety, and general welfare?:

3. How does the amendment fulfill the standards set form in Section 9.11 F Standards (attached checklist):

\$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 # _____