



**APPLICATION FOR ZONING AMENDMENT OR SPECIAL USE  
PERMIT**

**CITY OF ALTON, ILLINOIS**

**DEPARTMENT OF BUILDING & ZONING**

101 E. Third Street • Suite 202 • Alton Illinois 62002

Telephone: (618) 463-3533

Fax: (618) 463-0972

E-mail: [permits@cityofaltonil.com](mailto:permits@cityofaltonil.com)

Website: [www.cityofaltonil.com](http://www.cityofaltonil.com)

**ZONING/SPECIAL USE CHECKLIST**

The following information and materials must be submitted to the City Clerk's Office when making an application for a zoning amendment or special use permit. No application will be processed until all required information and materials have been submitted.

\_\_\_\_\_ Two fully completed application forms.

\_\_\_\_\_ Two copies of the tax parcel identification map (CLT map) clearly showing the parcel(s) proposed to be rezoned or granted a special use permit.

\_\_\_\_\_ Two copies of the deed with a clear legal description of the parcel(s) to be rezoned or granted a special use permit.

\_\_\_\_\_ If the rezoning or special use permit entails any construction or alteration to the parcel(s) in question, submission of a site plan is required. The site plan shall show property lines, existing structures, proposed structures, driveways, points of ingress/egress, proposed landscaping and fencing, location and dimensions of required off-street parking and any other pertinent information that assists in describing the application. The site plan shall be drawn to scale and show actual measurements and distances of property lines and setbacks of structures and parking lots.

\_\_\_\_\_ \$250.00 fee submitted with completed applications.

Should you have any questions regarding the application, please contact the Building & Zoning Department 463-3532.



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**APPLICANT INFORMATION**

\_\_\_\_\_  
Name of Applicant:

\_\_\_\_\_  
Name of Owner if different than Applicant

\_\_\_\_\_  
Address of Applicant

\_\_\_\_\_  
Address of Owner

\_\_\_\_\_  
Applicant's Phone Number

\_\_\_\_\_  
Owner's Phone Number

\_\_\_\_\_  
Property Interest of Applicant if not Owner

\*\*\*\*\*

**TYPE OF REQUEST**

Map Amendment: \_\_\_\_\_ Special Use Permit: \_\_\_\_\_ Text Amendment: \_\_\_\_\_

Present Zoning Classification: \_\_\_\_\_ Proposed Zoning Classification: \_\_\_\_\_

Reason for requesting zoning amendment or special use permit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**PROPERTY LOCATION & PARKING INFORMATION  
(If applicable)**

\_\_\_\_\_  
Property Address(es)

\_\_\_\_\_  
Parcel Identification Number(s)

(Provide additional sheet if necessary)

Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_

If applicable, what provisions have been made for off-street parking: \_\_\_\_\_

\*\*\*\*\*

**AFFIDAVIT**

I do hereby swear and affirm that to the best of my knowledge and belief the matters and information contained in the foregoing application are true in substance and in fact and that all required materials must be submitted in order for this request to be legally processed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Owner if different than Applicant