



**Fulton County Zoning & Community Development**

257 West Lincoln Street  
 Lewistown, IL 61542  
 (309) 547-0902 [zoning@fultonco.org](mailto:zoning@fultonco.org)

**Hours: Monday – Friday (8:00 a.m. to 4:00 p.m.)**

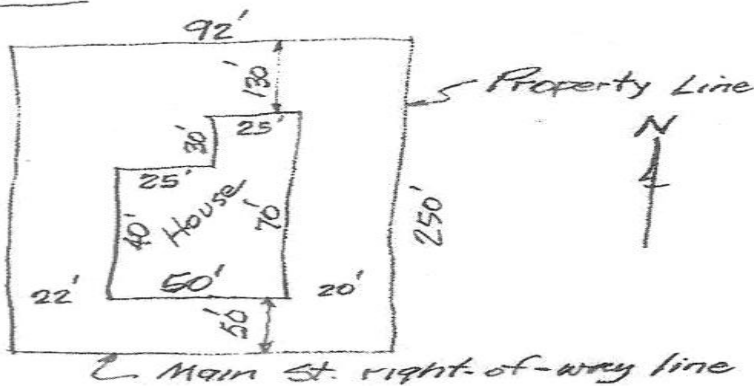
**Petition for Zoning Action**

Petitioner/Owner/Representative Information						
<b><u>Petitioner</u></b>						
Address						
City		State		Zip		
Telephone		Email				
<b><u>Representative</u></b>						
Address						
City		State		Zip		
Telephone		Email				
<b><u>Site Information:</u></b>						
Parcel Number		-	-	-	-	GPS: _____
<b>911 Address</b>	Street Address: _____					
	City: _____		State: _____		Zip: _____	
<b>Legal Description</b>						
<b>Current Zoning</b> <i>See definition sheet</i>	<input type="checkbox"/> AC	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> B	<input type="checkbox"/> I	
<b>Change to:</b>	<input type="checkbox"/> AC	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> B	<input type="checkbox"/> I	
<b>Request for:</b> <i>See definition sheet</i>	<input type="checkbox"/> Variance	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Special Home Occ.	<input type="checkbox"/> Exception to Ordinance	<input type="checkbox"/> Rezoning	
<i>AC-Agricultural Conservation District      B-Business District</i> <i>R1-Residential 1 District                      I-Industrial District</i>						

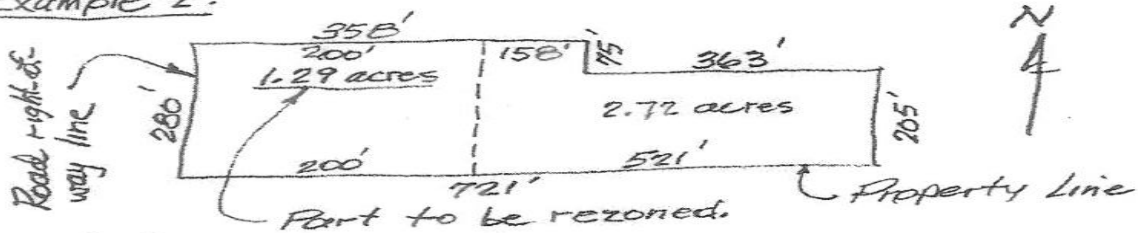
Please give **detailed** driving directions to the property:

On the next page, provide a detailed sketch or aerial photograph of the property boundary with all dimensions, and the location of the request with dimensions to the sides of the property, as shown on the example sketches below. If there are structures, obstructions, or topographic features on the property that are a factor in the request, then they should be shown in the sketch with dimensions to the property lines or other lines.

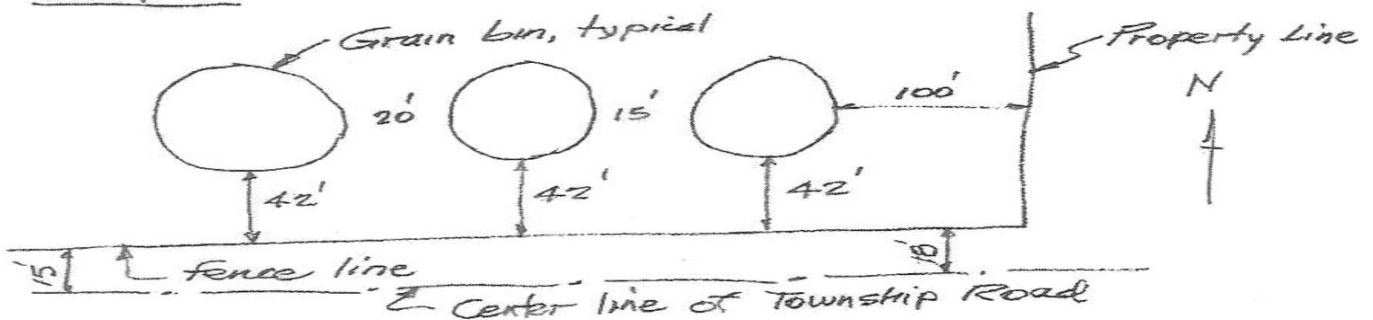
Example 1.



Example 2.



Example 3.



12/23/04



**If a Petitioner is a Corporation, Please complete the following:**

<b>Corporation Name:</b>	
<b>Mailing Address:</b>	

**Officers of the Corporation:**

<b>President:</b>	
Address	
City/State/Zip	
<b>Vice President:</b>	
Address	
City/State/Zip	
<b>Secretary:</b>	
Address	
City/State/Zip	
<b>Treasurer:</b>	
Address	
City/State/Zip	
<b>Purpose</b>	

Clearly state the purpose for your request. (Additional sheets may be attached.)

**Justification**

Clearly provide the Zoning Board of Appeals any facts or evidence that supports your purpose. Additional sheets may be attached.

**Certification**

This “Petition for Zoning Action” will be placed on the Zoning Board of Appeals Agenda for the regularly scheduled meeting on the last Wednesday of the month at 5:00 p.m. at the Fulton County Board Office in Lewistown, IL, unless otherwise stated.

**Payment must be received with the petition at the time of filing.**

Failure of the petitioner or the petitioner’s representative to attend the Zoning Board of Appeals meeting may result in items being tabled. Incomplete or erroneous petitions, failure of the petitioner to submit the complete list of all adjacent property owners, or any other failure to submit accurate or required information may result in a delay of the public hearing being heard by the Zoning Board of Appeals. By signing below, the petitioner swears that the information is accurate to the best of his/her knowledge and that they understand the meaning of the statements above.

**Petitioner  
Signature:**

**Date:**

