



City of Decatur, Illinois

PETITION FOR REZONING

Petition before the Mayor, City Council and Members of the Plan Commission of Decatur, Illinois

Economic and Urban Development Department
 One Gary K. Anderson Plaza
 Decatur, Illinois 62523-1196

424-2793
 FAX 424-2728

Please Type

SECTION ONE: PETITIONER / OWNER / REPRESENTATIVE INFORMATION

Petitioner				
Address				
City	State		Zip	
Telephone	Fax		E-mail	
Property Owner				
Address				
City	State		Zip	
Telephone	Fax		E-mail	
Representative				
Address				
City	State		Zip	
Telephone	Fax		E-mail	

SECTION TWO: SITE INFORMATION

Street Address						
Legal Description						
Present Zoning	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> R-3	<input type="checkbox"/> R-5	<input type="checkbox"/> R-6	Is this property a Planned Unit Development? <input type="checkbox"/> YES Approval Date: _____ <input type="checkbox"/> NO
	<input type="checkbox"/> B-1	<input type="checkbox"/> B-2	<input type="checkbox"/> B-3	<input type="checkbox"/> B-4	<input type="checkbox"/> O-1	
	<input type="checkbox"/> M-1	<input type="checkbox"/> M-2	<input type="checkbox"/> M-3	<input type="checkbox"/> PMR-1		
Please list all improvements on the site:						
Size of Tract	SF		AC			

SECTION THREE: REQUESTED ACTION

Rezoned Property To:	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> R-3	<input type="checkbox"/> R-5	<input type="checkbox"/> R-6	Will this property be a Planned Unit Development? <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> B-1	<input type="checkbox"/> B-2	<input type="checkbox"/> B-3	<input type="checkbox"/> B-4	<input type="checkbox"/> O-1	
	<input type="checkbox"/> M-1	<input type="checkbox"/> M-2	<input type="checkbox"/> M-3	<input type="checkbox"/> PMR-1		
Other:						

<i>Section Three Continued</i>	
Purpose	<i>Please state the purpose of the proposed rezoning.</i>

SECTION FOUR: JUSTIFICATION
<i>The petitioner submits to the City Plan Commission and City Council the following facts (additional pages may be attached):</i>

SECTION FIVE: CERTIFICATION			
	To be placed on the agenda of the regular meeting on the first Thursday of the month at 3:00 PM in the City Council Chambers, petition must be received on the first Thursday of the preceding month. Failure of the petitioner or the petitioner’s representative to attend the Plan Commission hearing may result in items being tabled. Incomplete or erroneous petitions may delay items being heard by the Plan Commission.		
Petitioner’s Signature		Date	

- NOTES:**
1. Please forward this completed form and attachments to the Economic and Urban Development Department, Third Floor, Decatur Civic Center. Please make checks payable to the City of Decatur. See Schedule “A” for fees.
 2. Signature of this petition grants permission to City staff to place a sign, indicating a request for zoning action, on the subject property at least 10 days prior to the Decatur City Plan Commission hearing. Said sign will be removed within 15 days of final action by City Council.
 3. In the event a petition for rezoning is denied by the Council, another petition for a change to the same district shall not be filed within a period of one year from the date of denial, except upon the initiation of the City Council or the City Plan Commission after showing a change of circumstances which would warrant a renewal.
 4. All petitions before the Decatur City Plan Commission are reviewed through the Development Technical Review (DTR) Process. Please consult the DTR Brochure for information related to this process.

OFFICE USE ONLY	
Date Filed	
By	