CITY OF MAROA

120 S LOCUST STREET PO Box 136 MAROA, IL 61756

PHONE: (217) 794 - 2206 FAX: (217) 794 - 5125 RYAN WILKEY, MAYOR TED AGEE, CITY ADMINISTRATOR CRYSTAL PARROTT, CITY CLERK RANDI AMETTIS, TREASURER

CITYHALL@MAROAILLINOIS.GOV

PETITION FOR RE-ZONING

THIS PETITION IS HEREBY SUBMITTED TO THE ZONING ADMINISTRATOR AND ZONING/PLANNING BOARD OF THE CITY OF MAROA, ILLINOIS TO REQUEST PARCEL RE-ZONING. FAILURE TO PROVIDE ANY OF THE FOLLOWING REQUIRED INFORMATION MAY RESULT IN A DELAY OF PROCESSING THIS PETITION UNTIL SUCH TIME WHEN THE REQUIRED INFORMATION IS PROVIDED.

PART A: PETITIONER II	NFORMATION*	
Name:		FOR OFFICE USE ONLY:
Address:		
 Phone:		Filed:
Email:		
Signature:		
ON THEIR OWN BEHALF, O	HE PRINCIPAL APPLICANT AND LEGAL OWNERS O OR IN CONJUNCTION WITH AN AGENT, COMPANY, (ASSUMED NAME, PARTNERSHIP, JOINT VENTURE, N.	CORPORATION, FIRM OR A BUSINESS
PART B: PROPERTY IN	FORMATION	
LEGAL DESCRIPTION:		
ADDRESS/LOCATION:		
PARCEL ID (PIN):		
LOT DIMENSIONS:		
ACREAGE:		
Zoning:		

CITY OF MAROA, ILLINOIS - PETITION FOR RE-ZONING - REVISED DECEMBER, 2023

Answer the following questions in parts C and D as thoroughly as possible. These questions address the criteria the Zoning/Planning Board review when considering the request to rezone a parcel. Failure to adequately answer any of these questions may be detrimental to your petition. Attach additional pages if necessary for your responses.

PART C: PURPOSE OF RE-ZONING
This petition is requesting parcel re-zoning in accordance with what regulation(s) of the City of Maroa Zoning Ordinances?
WHAT IS THE EXTENT OF THE RE-ZONING YOU ARE REQUESTING?
SPECIFICALLY, WHAT REASONS PREVENT THE PROJECT FROM COMPLYING WITH THE CITY OF MAROA ZONING ORDINANCES?

PART D: STANDARDS FOR RE-ZONING
IS THE PROPOSED RE-ZONING NECESSARY BECAUSE OF PHYSICAL SURROUNDINGS, SHAPE OR TOPOGRAPHICAL CONDITIONS OF THE PROPERTY IN QUESTION? EXPLAIN.
ARE THERE ANY UNIQUE CONDITIONS UPON WHICH YOUR PETITION IS BASED WHICH ARE NOT GENERALLY APPLICABLE TO OTHER PROPERTIES WITHIN THE SAME ZONING CLASSIFICATION? EXPLAIN.
WHAT ARE THE FINANCIAL IMPACTS OF THE PROPOSED RE-ZONING?

WHO OR WHAT HAS CREATED THE PRACTICAL DIFFICULTY OR PARTICULAR HARDSHIP WHICH HAS MADE REZONING NECESSARY?				
HOW WILL THE PROPOSED RE-ZONING IMPACT THE PROPERTY AND ACTIVITIES OF NEIGHBORS?				
How would the proposed re-zoning affect the light and/or air to adjacent properties?				

WHAT WILL BE THE IMPACT UPON TRAFFIC IN THE AREA?				
Would re-zoning increase the risk of fire or in other ways endanger the safety of the public?				
What impact would re-zoning have upon neighboring property values?				
ARE THERE UTILITIES LOCATED UPON THE PROPERTY WHICH MAY BE AFFECTED BY RE-ZONING?				

PART E: OTHER INFORMATION

ATTACH A DETAILED RENDERING OF THE PROPERTY IN QUESTION, INCLUDING EXISTING STRUCTURES AND UTILITIES, AS WELL AS PROPOSED CHANGES.

ATTACH ANY OTHER NECESSARY INFORMATION TO HELP EXPLAIN YOUR RE-ZONING REQUEST, INCLUDING MAPS, PHOTOGRAPHS, LETTERS OF SUPPORT, SCHEMATICS, LAND SURVEYS, STATISTICAL DATA, CASE LAW, ETC.

PART F: ADMINI	STRATIVE INFORMATION		
LEGAL REPRESEN	tative (Optional)		
Name:		<u> </u>	
Address: _		_	
_		_	
_		_	
PHONE:		_	
EMAIL: _		_	
SIGNATURE: _		_	
PART G: ACKNO	WLEDGEMENTS		
THE UNDERSIGNE	D, HAVING APPLIED TO THE CITY	of Maroa for re-zoning, ac	:KNOWLEDGES:
re-zonin PAID TO	G HEARING. A BILLING STATEM	OR THE COST OF THE REQUIRED ENT WILL BE ISSUED BY THE CI TE OF HEARING. NON-PAYMEN BEING POSTPONED.	TY OF MAROA AND MUST BE
HEARING	TO BE HELD BY THE CITY OF MA	CATION OF RE-ZONING, BUT AN A ROA ZONING/PLANNING BOAR ITY COUNCIL APPROVES SUCH F	D AND NO PARCEL SHALL BE
APPLICANT SIGNA	TURE		Date