

City of Vienna

P.O. Box 1442
205 North 4th St.
Vienna, Illinois 62995

618-658-5161
Fax: 618-658-4903

Application for a Variance or Rezoning

1. Name of Property Owners: _____

Owners Address: _____

How long have they owned the property? _____

2. 911 Address of Property: _____

Legal Description/Dimension of Lot: _____

(Attach additional sheet if needed)

3. Name of Applicant if different than Owner: _____

Applicant's Address: _____

Applicant's interest in property: _____

Date interest was acquired: _____

4. Current Zoning: (Circle one) R-A R-1 R-2 MH C-1 C-2 I

Specify the nature of the variation/Rezoning requested: _____

5. Attached is a plot plan or drawing indicating the location of the premises and the nature of the variation. Yes ___ No ___

6. List the Names & Address's of Adjoining/Surrounding Property Owners:

YOU MUST BE PRESENT AT THE SCHEDULED HEARING

Applicant Signature

For City Use Only

Fee paid: _____

Hearing Held _____

Recommendation of Zoning Board

() Approve

() Disapproved

Date: _____

Action of City Council

() Approve

() Disapproved

Date: _____