

APPLICATION FOR SPECIAL USE PERMIT

Date Filed: _____	Case # _____
Date Paid: _____	Amount: _____

Marshall County Zoning Department
 552 State Route 26
 Lacon, IL 61540
 (309) 246-6401

REQUEST FOR HEARING

Fees must be included when application is made.

Petitioner _____ Phone # _____

Mailing Address _____

Current Property Owner _____ Acreage _____

Petitioner's Interest in land _____

**A LEGAL DESCRIPTION OF PROPERTY MUST BE INCLUDED WITH THIS APPLICATION.
PLEASE COMPLETE AND RETURN ATTACHED OWNERSHIP STATEMENT WITH APPLICATION**

EXPLANATION

Application Fee: \$50.00/acre (Minimum \$250.00 - Maximum \$50,000.00)
 Application Fee for Towers: \$500.00 per Tower

Date: _____ Signature of Petitioner(s) _____

APPLICATION WILL NOT BE PROCESSED UNTIL FEES ARE RECEIVED.

Please make checks payable to: Marshall County Treasurer

TOTAL FEES DUE: \$ _____ Check # _____ Receipt # _____