

City of St. Elmo, Illinois  
**REQUEST FOR ORDINANCE AMENDMENT**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Address/Location of site to be affected by Amendment (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Current Zoning Classification of site (if applicable): \_\_\_\_\_

Specific Section of Ordinance to be Amended, (please be specific about ordinance language to be changed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason why you feel Ordinance Amendment is required: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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(City use only)

Date of public hearing: \_\_\_\_\_ \$45.00 fee paid

Request for Ordinance Amendment \_\_\_\_\_ approved \_\_\_\_\_ denied by the  
City of St. Elmo Board of Zoning Appeals.

Contents of Amendment Language and Section of Ordinance affected:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Denial:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Mayor, City of St. Elmo