

City of St. Elmo, Illinois
Request For Renewal or Extension
Of Zoning Application

Applicant Name: _____ Date: _____

Applicant Address: _____

Address/Location Of Site To Be Affected By Renewal Or Extension: _____

Reason Why You Feel A Renewal Or Extension Should Be Granted: _____

(City Use Only)

Date of Public Hearing: _____

Date of Board Action: _____

Request for Zoning Application Renewal or Extension Approved Denied by City of
St. Elmo Zoning Board of Appeals.

Reason for Denial: _____

St. Elmo Building Official Date: _____