

Date Filed \_\_\_\_\_

Variation Request No: \_\_\_\_\_

**REQUEST FOR VARIATION APPLICATION**  
**CITY OF MT. CARMEL**  
219 N. Market Street

**Currently Zoned** ( Circle One)  
**R-1 R 2 R-3 R-4 R-5 R-6 B-1 B-2 B-3 I A FP SFHA**

City of Mt. Carmel\*\*City Hall\*\*219 N. Market Street Mt. Carmel, IL 62863\*\* (618) 262-4822

**SECTION I. APPLICANT INFORMATION** Please complete ALL sections below. [Type or Print legibly]

Applicant(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Street # \_\_\_\_\_ Direction \_\_\_\_\_ Street Name \_\_\_\_\_

**SECTION II. PROPERTY INFORMATION**

Location: \_\_\_\_\_  
Street # \_\_\_\_\_ Direction \_\_\_\_\_ Street Name \_\_\_\_\_

Legal Description: \_\_\_\_\_  
\_\_\_\_\_ PIN # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Reason for Variation: \_\_\_\_\_  
\_\_\_\_\_

**SECTION III. NAMES OF ADJACENT PROPERTY OWNERS** (Attach additional sheet if necessary)

NAME	ADDRESS

Do the applicant(s) herein request that there be a reporter at the hearing before the Board of Appeals?  Yes  No

\_\_\_\_\_  
(Signature) Applicant \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Signature) Applicant \_\_\_\_\_ (Date)

**OFFICE USE ONLY**

Date Filed \_\_\_\_\_ Variation Request No. \_\_\_\_\_ Public Hearing Date \_\_\_\_\_ Date Hearing Held \_\_\_\_\_

Publication of Public Hearing: \_\_\_\_\_ (Date) \_\_\_\_\_ (Name of Newspaper) Notification of Adjacent Property Owners date: \_\_\_\_\_

Recommendation of the Board: \_\_\_\_\_

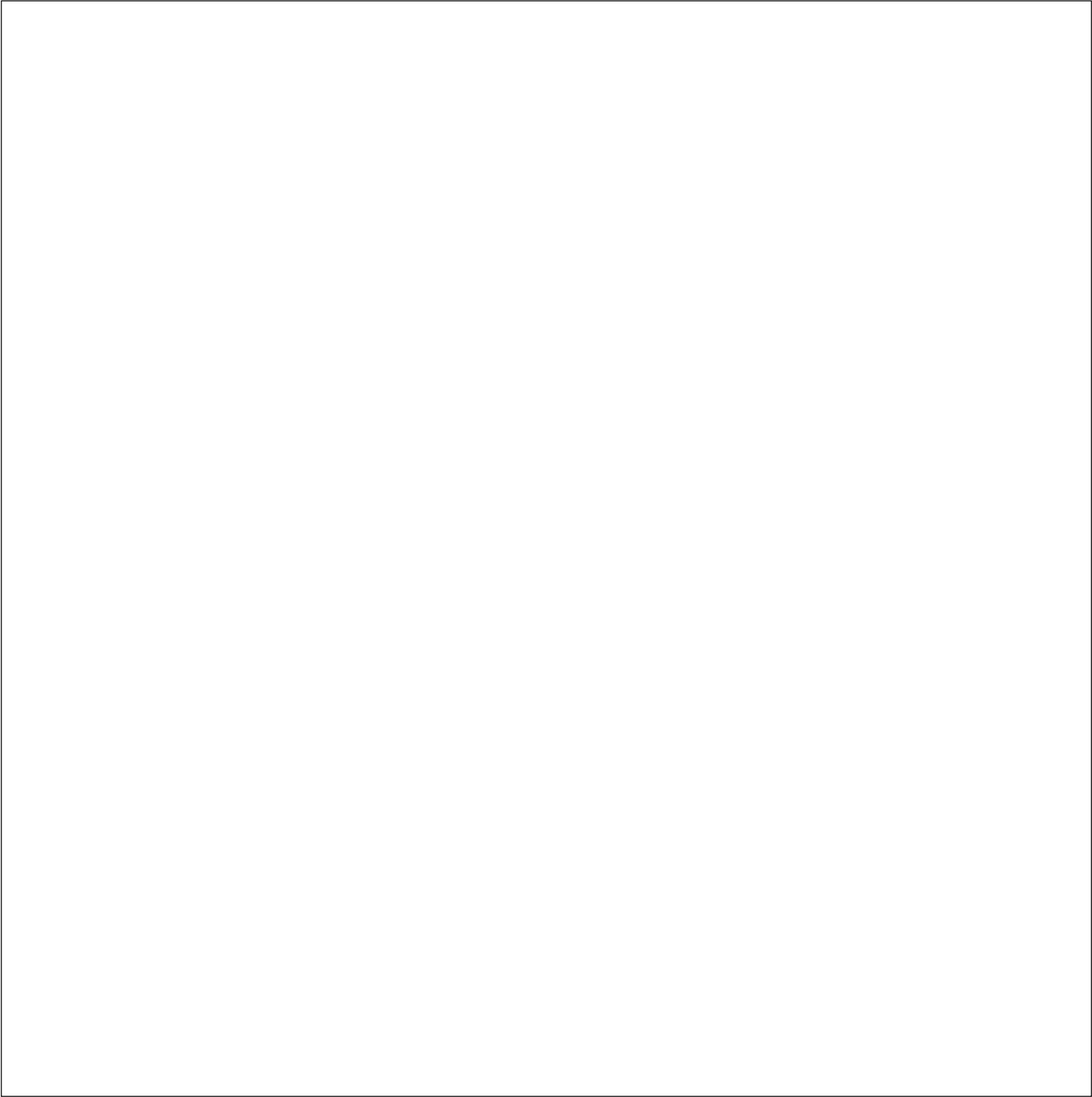
Fee paid \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date: \_\_\_\_\_

# SKETCH / DRAWING

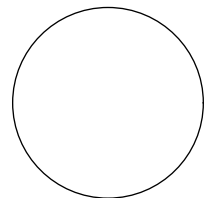
Lot Line

File # \_\_\_\_\_

Lot Line



1. Show lot lines and dimensions.
2. Show location of existing buildings and structures.
3. Show proposed building or structure: Indicate all dimensions.
4. Show distances from proposed building or structure to all property lines.
5. Show location of proposed water and / or sewer lines where applicable.
6. Indicate location of streets, cross-streets and alleys



**North**  
(Indicated By Arrow)