## NOTICE OF PUBLIC HEARING PURSUANT TO 17.80.010(B)(2) OF THE MORRIS MUNICIPAL CODE

Commission/Zoning Board of Appeals at the Morris Municipal Services Building, City Counc	
commission Zoming Zoming of Appears at the Month Mannespar Solvitors Zamaning, Only Country	il
Chambers at 700 North Division Street, Morris, Illinois, on, 20	_,
atp.m., to consider an application for a	_
with the City of Morris to allow for the following:	
1. THE NAME AND ADDRESS OF THE PROPERTY OWNER IS A	S
FOLLOWS:	
Owner:	
Address:	
City/State:	
Telephone #	
2. THE APPLICANT FOR THE ABOVE IS AS FOLLOWS:	
Applicant:	
Address:	
City/State:	
Telephone:	
3. THE STREET ADDRESS FOR THE SUBJECT PROPERTY IS:	
4. THE LEGAL DESCRIPTION FOR THE PROPERTY IS AS FOLLOWS:	
5. THE PROPERTY IS COMMONLY KNOWN AS:	

THE ZONING ACTION REQUESTED IS AS FOLLOWS:

6.

7.	THE DATE,	TIME AND	LOCATION	OF THE	PUBLIC H	EARING	IS AS
FOLLOWS:				_, AT	PM.	IN THE	CITY
COUNCIL CI	HAMBERS OF	THE MORR	IS MUNICIP.	AL SERVIO	CES BUILI	DING LOC	CATED
AT 700 NOR	TH DIVISION	STREET IN	MORRIS, ILL	INOIS.			

- 8. The name, address and telephone number of the City of Morris Building & Zoning Officer is Mr. Bill Martin, City of Morris, 700 N. Division Street, Morris, IL 60450, whose telephone number is (815) 942-1855.
- 9. This notice has been prepared and a copy has been served upon you pursuant to Section 17.80.010(B) (2) of the Morris Municipal Code. A copy of the zoning application may be obtained from the Morris City Hall. All interested parties are invited to attend the above public hearing and will be given an opportunity to be heard. Questions or comments may be submitted orally, in writing, or both.

## PROOF OF SERVICE

I, the undersigned, do hereby certify that I served a true and correct copy of the above and foregoing notice upon, as the owner of record of the property located at andm., on the day of, 20
Subscribed and sworn to before me this day of , 20 .
NOTARY PUBLIC
THE UNDERSIGNED does hereby acknowledge a true and correct copy of the above written notice this $\;$ day of $\;$ , 20 $\;$ .
Name: Address:
City/State:
Telephone #