REZONE APPLICATION

APPLICATION FEE \$150.00

(If this application is denied the Village retains \$100 and refunds \$50)

APPLICANT NAME(s):	
APPLICANT ADDRESS:	
TELEPHONE No	DATE:
SITE OWNER, IF DIFFERENT FR	ROM APPLICANT(s):
ADDRESS OF SITE OWNER(s):_	
TELEPHONE No	
CONTRACTOR, IF APPLICABLE	B:
CONTRACTOR, ADDRESS:	
TELEPHONE No	INSURANCE COMPANY:
, , , , , , , , , , , , , , , , , , , ,	existing rooms, changing of entry or exits, etc. sus private, i.e. Bed & Breakfasts, meeting halls, etc.
Zoning Permit may be required by t	ared land surveyor showing all the information as required by Section 58-11 for a the Planning Commission and in addition the following: er lines on or within 40 feet of the subject premises. aping.
Please provide the names of your ar	rchitect or professional engineer or both if applicable:
ARCHITECT:	Telephone No
ENGINEER:	Telephone No

DESCRIPTION OF SUBJECT SITE:	
Legal Description:	
Current Zoning:	Current Use:
Business Type, If Applicable:	Number of Employees:
Requested Zoning:	
Proposed Use (make sure it meets ordinance uses):	
Residential: Total # of dwelling units proposed:	Number of Parking Stalls off-street:
Commercial:	
Type of Business:	Hours of operation:
Sketch of Site: (To include lot size, building placer	ment, parking, loading, highway access points before proposed

Sketch of Site: (To include lot size, building placement, parking, loading, highway access points <u>before</u> propochange)

FLOOR PLAN or SITE PLAN OF USE REQUESTED:

Date	Applicant:	
	Applicant:	
	Applicant:	
******	**********	****************
Date Application I	Received:	
	Received:	
Scheduled Hearing		
Scheduled Hearing	g Date:	

A public hearing will be held for consideration of this application and all property owners within 200 ft. will be

notified of said hearing.