

City of Rockford, Illinois

Community & Economic Development Department
Construction and Development Services
425 East State Street, Rockford, IL 61104
Phone: (779) 348-7163 Fax: (815) 967-4243
Web Site: rockfordil.gov



APPLICATION TO APPEAL

(Please Type or Print)

FILE #: _____

- A DECISION OR INTERPRETATION MADE BY THE ZONING OFFICER; (or)**
- A DETERMINATION OF USE CLASSIFICATION MADE BY THE ZONING OFFICER**

1. Address of subject property: _____

2. Legal Description: Lot; _____ Block; _____ Subdivision; _____
(If there is no subdivision attach a legal description)

3. Property Code Number(s): _____

4. Owner of record is: _____ Phone: _____

(Address) (City) (State) (Zip)

5. Appellant's Name: _____ Phone: _____

(Address) (City) (State) (Zip)

6. Appellant's interest in the property: _____

7. The property involved is located in a(n) _____ zoning district.

8. All existing uses on the property are: _____

9. All the proposed uses for the property, if this appeal is approved are: _____

IN THE EVENT THIS APPEAL INVOLVES THE USE OF A SPECIFIC PROPERTY, AN AREA SITE PLAN MUST BE SUBMITTED WITH THIS APPEAL. THE APPLICANT'S SIGNATURE BELOW INDICATES THE INFORMATION CONTAINED IN THIS APPLICATION AND ON ANY ACCOMPANYING DOCUMENTS IS TRUE AND CORRECT.

_____/_____ Date: _____
(Name of applicant) (Signature of applicant)

_____/_____ Date: _____
(Name of owner, if different) (Signature of owner)

Application accepted by: _____ Date: _____