

**City of Rockford, Illinois**

Planning and Zoning Division  
425 East State Street, Rockford, IL 61104  
Phone: (779) 348-7158 Fax: (815) 967-4243  
Web Site: www.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 Index 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)

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Application accepted by: \_\_\_\_\_ Date: \_\_\_\_\_