

CITY OF GALENA, ILLINOIS



APPLICATION FOR APPEAL OF HISTORIC PRESERVATION COMMISSION RULING

APPLICANT TO COMPLETE:

NAME OF PROPERTY OWNER: _____

ADDRESS OF PROPERTY: _____

CURRENT AND PROPOSED USE OF PROPERTY: _____

Briefly describe why you believe the ruling by the Historic Preservation Commission was made in error. Please reference the section of the Galena Historic Preservation Ordinance that you believe has been improperly interpreted. (Provide enough information for the City Council to make a sound decision on the case. Attach supplemental information on a separate page(s) if needed.)

I certify that all the information provided above is complete and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT

DATE

STAFF TO COMPLETE:

DATE FILED: _____

DATE OF ACTION BEING APPEALED: _____

APPLICABLE SECTION OF THE HISTORIC ORDINANCE: _____

DECISION BEING APPEALED: _____