

CITY OF GALENA, ILLINOIS

101 Green Street, Galena, Illinois 61036



REQUEST FOR HIGHWAY 20 DEVELOPMENT PERMIT

**For Office
Use Only**

Date Filed: ___/___/___ Highway 20 Development Permit Cal. No.: _____

Fee Paid: _____ Receipt No.: _____ Amount: \$_____.____ Date: ___/___/___

Date Set For Public Hearing: ___/___/___ Date Hearing Held: ___/___/___

Date of Published Notice: ___/___/___ Newspaper: _____

Name of Municipality Where Published: _____

Administrative Review or Non-Administrative Review

Action by Zoning Board on Permit Request: _____

APPLICANT AND PROPERTY DATA

1. Name of Applicant: _____ Telephone Number: ____-____-_____

2. Address of Applicant: _____

3. Proposed Development Site Address or Legal Description: _____

4. Name of Property Owner(s): _____

5. Current Use of Property: _____ Proposed Use: _____

6. 0-1,200 ft from Centerline of Highway 20 or 1,200 to 2,400 ft from Centerline of Highway 20

SUPPLEMENTAL DATA

1. Complete Site Plans including all criteria in Site Plan Review checklist and in Section 154.914.
2. Complete Building Plans with licensed stamp/seal if required.
3. Written narrative including all required review criteria listed in Section 154.922 (C).
4. Names and Addresses of all surrounding property owners within 250 ft. of proposed site.

Signature of Applicant: _____ Date: ___/___/___

Signature of Property Owner: _____ Date: ___/___/___

Notary Public: _____ Date: ___/___/___

My Commission Expires: ___/___/___