

CITY OF GALENA, ILLINOIS



Application for Planned Development

Name of Applicant: _____

Name of Property Owner (if different from applicant): _____

Address of Property: _____
City State Zip

Current and proposed use of property: _____

Within Historic District?: Yes No

Please Note: Provide all plats, site plans, and other pertinent information as may be required by the Zoning Ordinance or the Zoning Administrator.

Provide the names and addresses of surrounding property owners from the property in question for a distance of two-hundred-fifty (250) feet in all directions. Please exclude the number of feet occupied by all public roads, streets, alleys, and public ways in computing the 250 feet requirement.

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

Applicant's Signature Date

Notary's Signature Date Commission Expiration

City of Galena Use Only

Date Filed: _____ Site Visit?: Yes No If yes, date: _____

Fee Paid: _____ Receipt #: _____ Amount: \$ _____ Date: _____

Date set for public hearing: _____ Date hearing held: _____ Date of published notice: _____

Newspaper: _____ Name of municipality where published: _____

Action by City Council on request: _____

Comments: _____