

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



SPECIAL USE PERMIT RENEWAL APPLICATION FORM

(Please Type or Print)

FILE #: _____

1. Address of subject property: _____

2. Property Index Number(s): _____

3. Owner of record is: _____ Phone: _____

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

4. Applicant's Name: _____ Phone: _____

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

5. **Applicant's Email Address:** _____

6. Applicant's interest in the property: _____
(Owner, agent, contractor, Realtor, etc.)

7. Special Use Permit for : _____
in a(n) _____ Zoning District.

8. Approved Special Use Permit Number(s): _____

9. All existing uses on the property are: _____

10. The proposed uses on the property, if this application is approved are: _____

THE APPLICANT'S SIGNATURE BELOW INDICATES THE INFORMATION CONTAINED IN THIS APPLICATION AND ON ANY ACCOMPANYING DOCUMENTS IS TRUE AND CORRECT.

(Name of applicant) / (Name of Owner, if different)

(Signature of applicant) Date: _____

Zoning Map Number: _____ Date of Public Hearing: _____

Is Illinois Department of Conservation review required? _____

Is Illinois Department of Transportation Access Permit required? _____

Is Winnebago County Highway Department Access Permit required? _____

Application accepted by: _____