

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 email: _____
7. Appellant's interest in the property: _____
8. The property involved is located in a(n) _____ zoning district.
9. All existing uses on the property are: _____

10. 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.

_____/_____
(Name of applicant) (Signature of applicant)

Application accepted by: _____ Date: _____