

CITY OF GALENA, ILLINOIS

101 Green Street, PO Box 310, Galena, Illinois 61036



City of Galena Land Disturbance Permit

Name of Applicant: _____

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

Address: _____

City

State

Zip

Present use of property: _____

Statement of work to be done (be specific, include reasons for conducting work): _____

Time period within work will be done (if possible, describe the schedule and stages of work): _____

Number of trees greater than 12 inches in diameter or total acre of trees to be disturbed: _____

Please explain why tree removal is necessary: _____

Erosion control methods to be used during construction: _____

Erosion control methods to be used upon completion of work: _____

Please attach the following information:

- A site plan that identifies:
 - Present elevations
 - Soil types
 - Natural vegetation, existing and proposed
 - Topography at two foot contour intervals
 - Adjoining and abutting streets and public utilities
 - Existing structures
 - Final configuration of the land after work is completed

Applicant’s Signature **Date**

If the owner is different from the applicant:

Owner’s Signature **Date**

Review of Application by the Zoning Administrator

This application for a Land Disturbance Permit has been reviewed for compliance with the Standards for Review as listed in Section 5.10.7 of the Galena Zoning Ordinance. Based on the review, the proposed land disturbance activity is hereby:

☐ Approved ☐ Approved w/ Condition/Restrictions ☐ Denied

The following conditions and/or restrictions shall apply: _____

Reason(s) for denial: _____

Zoning Administrator's Signature Date

City of Galena Use Only

Land Disturbance Permit #: _____

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

