CITY OF GALENA, ILLINOIS

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

Application for Subdivision Approval

Name of Applicant: _____

Phone #: _____ **Email:** _____

Name of Property Owner (if different than applicant)**:** _____

Address of Property: _____

Current Use of Property:

_____

_____

Proposed Use of Property: _____

_____

Current Zoning District: _____

Within Historic District?: ☐ **Yes** ☐ **No**

Proposed Zoning District: _____

Please provide the following:

- Provide a written narrative explaining why the proposed subdivision or the property should be approved.
- Provide all plats, site plans, and other information as may be required by the Subdivision Ordinance or the Planning Department.
- 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**