CITY OF GALENA, ILLINOIS

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

Request for Amendment to Zoning Ordinance

Request Details:

Name of Applicant: _____ **Phone #:** _____

Address of Applicant: _____

List land and/or property uses that this proposal would affect: _____

_____

_____

_____

General describe the amendment being sought (attach additional pages if necessary)**:** _____

_____

_____

_____

Specifically describe the proposed amendment word for word (attach additional pages if necessary)**:** _____

_____

_____

_____

Explain why the amendment is being sought in terms of public need, health, safety, and/or general welfare

(attach additional pages if necessary)**:** _____

_____

_____

_____

_____

Applicant's Signature **Date**

_____

Notary's Signature **Date**

My commission expires: _____

For Office Use Only:

Date Filed: _____ Amendment Calendar #: _____

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 zoning board on amendment request: _____

Comments: _____

_____