CITY OF GALENA, ILLINOIS

101 Green Street, Galena, Illinois 61036

REQUEST FOR HIGHWAY 20 DEVELOPMENT PERMIT

For Office Use Only

Date Filed: ___/___/_____ Highway 20 Development Permit Cal. No.: _____

Fee Paid: _____ Receipt No.: _____ Amount: $_____.____ Date: ___/___/_____

Date Set For Public Hearing: ___/___/_____ Date Hearing Held: ___/___/_____

Date of Published Notice: ___/___/_____ Newspaper: _____

Name of Municipality Where Published: _____

Administrative Review ☐ or Non-Administrative Review ☐

Action by Zoning Board on Permit Request: _____

APPLICANT AND PROPERTY DATA

1. Name of Applicant: _____ Telephone Number: _____-_____-_____
2. Address of Applicant: _____
3. Proposed Development Site Address or Legal Description: _____
4. Name of Property Owner(s): _____
5. Current Use of Property: _____ Proposed Use: _____
6. 0-1,200 ft from Centerline of Highway 20 ☐ or 1,200 to 2,400 ft from Centerline of Highway 20 ☐

SUPPLEMENTAL DATA

1. Complete Site Plans including all criteria in Site Plan Review checklist and in Section 154.914.
2. Complete Building Plans with licensed stamp/seal if required.
3. Written narrative including all required review criteria listed in Section 154.922 (C).
4. Names and Addresses of all surrounding property owners within 250 ft. of proposed site.

Signature of Applicant: _____ Date: ____/____/_____

Signature of Property Owner: _____ Date: ____/____/_____

Notary Public: _____ Date: ____/____/_____

My Commission Expires: ____/____/_____