



City of Galva
 311 N. W. 4th Avenue
 Galva, IL 61434
 Phone: (309) 932-2555
 Fax: (309) 932-3306
 www.galvail.gov

Appeal Application

Page 1 of 2

Date Filed:

Case #:

Date Decided:

Property Address:

Current Zone:

Applicant's Information

Name:

Company:

Address:

City/State/Zip:

Phone:

Fax:

E-Mail Address:

Owner's Information

(If different from applicant)

Name:

Address:

City/State/Zip:

Phone:

Fax:

E-Mail Address:

Relationship of Applicant to Property (select one):

If "Other"
 Explain:

For which section of the City's Zoning Title are you requesting an appeal and why? (Example: I am requesting an appeal of Section 6.3-2 for the following reasons....)

Instructions

1. Complete the application form
2. Make sure the application is signed by the owner or the owner's agent (below)
3. Attach a metes and bounds description to the application here, or attach one to this application

Metes & Bounds
Description:

4. Attach plats and other exhibits as necessary. If in doubt, contact the City Clerk's office for a determination on whether or not such items will be necessary for a proper hearing. If necessary, the Clerk's office will contact the Zoning Board of Appeals for a determination on additional documents that they may deem necessary to render a proper decision. Be aware that most applicants will be required to submit a detailed plot plan, drawn to scale, with all appropriate dimensions, showing the lot or lots included in the application, the structures that exist thereon, and the structures contemplated, if any.
5. Ensure your application fee of \$110.00 accompanies your application and other paperwork.
6. Be sure to present your paperwork to the City Clerk's office at least thirty (30) days prior to the next meeting of the Zoning Board of Appeals.

I certify that as the applicant whose signature is affixed below, or as the applicants authorized agent, that this application is true and correct to the best of my knowledge; that I have been advised of the fee requirements established for an appeal and that the appropriate fee is herewith tendered; that I have been advised as to the earliest possible date for a scheduled hearing and that as applicant or agent I understand that I must be present at the scheduled hearing or the application will be continued until the next scheduled hearing.

Signature of Applicant:

Date:

Signature of Authorized
Agent (if any):

Date:

Office Use Only

Fee Received:

Name & Title: