

Date: _____

Case: _____

City of Rock Island, Planning & Redevelopment Division, 1528 3rd Avenue, Rock Island, Illinois 61201-8678 Phone: (309) 732-2900

**APPLICATION
CITY PLANNING COMMISSION**

I (We) _____ of _____
(name) (address)

As owner(s) of the following described property: _____

also known as _____; petition your Commission to:

_____ Change the zone from _____ zone to a(n) _____ zone.

_____ Approve a _____ classification.

Present Use: _____

Proposed Use: _____

Parking Requirement Data:

Floor Area of Building: _____ Gross

_____ Net

Number of People to Live at Site: _____

Number of People to Work at Site: _____

Number of Curb Cuts: _____ Existing

_____ Proposed

Off-Street Parking Spaces: _____ Existing

_____ Proposed

Drawing below or attached, shows all necessary measurements and features in this request:

I hereby state that the preceding statements and all statements made in supplementary material submitted by me, are true and correct.

Applicant: _____

Address: _____

Phone: _____ Days _____ Evenings

Owner: _____

Address: _____

Phone: _____ Days _____ Evenings

Attorney: _____

Address: _____

Phone: _____