

APPLICATION FOR RE-ZONING

CITY OF ROBINSON PLANNING COMMISSION

Applicant _____ Phone _____

Address of Applicant _____

Owner _____ Address _____

Premises affected Lot No. _____ In _____ Addition.

Street No. _____

Other Description _____

Date Lot of Record _____

Existing Zoning District _____

Proposed Zoning District _____

Detailed Statement of Variance Applied For and Reason(s) for Re-zoning :

The above information and attached exhibits, to my knowledge and belief, are true and correct.

Applicant

State of Illinois)

) SS :

County of Crawford)

Subscribed and sworn to me before this _____ day of _____, 20 _____

Notary Public

My commission expires _____, 20 _____

Received by Planning Commission _____, 20 _____, Docket No. _____

Hearing by Planning Commission _____, 20 _____

Action : (GRANTED / DENIED), _____, 20 _____

See Planning Commission of Appeals Minutes for _____, 20 _____