

City of Rockford, Illinois

Planning and Zoning Division
425 East State Street, Rockford, IL 61104
Phone: (779) 348-7158 FAX (815) 967-4243
Web Site: www.rockfordil.gov

**ZONING ORDINANCE TEXT AMENDMENT APPLICATION****(Please Type or Print)****FILE #:** _____

1. Applicant's name: _____ Phone: _____ Email: _____

(Address) (City) (State) (Zip)

2. The reason the applicant desires to have one or more of the existing Zoning Ordinance sections amended, or to add one or more new sections, is because: (Applicant should state in his own words why they desire the proposed amendment)

3. If the proposed amendment includes changes to existing sections, the number of the sections involved are:

4. The proposed amendment to the Zoning Ordinance text should read as follows:

In the event there is not enough space to include all of the proposed amendment(s), they may be placed on additional pages and attached to this application.

The applicant's signature below indicates the information contained in this application is true and correct.

Signature: _____ Date: _____

The applicant has indicated their reason for filing this application is:

If the text change proposed by the applicant is made, it will result in the following changes to the sections or districts indicated as follows:

Date of Public Hearing: _____ **Filing Fee:** \$ _____

Application accepted by: _____ **Date:** _____