

**REQUEST TO VILLAGE OF PLOVER PLAN COMMISSION FOR  
REZONING REQUEST**

APPELLANT:

AGENT FOR APPELLANT:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(City, State, Zip Code)

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

REQUESTED CHANGE: (State briefly what is being requested and why please).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROPERTY LOCATION & DESCRIPTION:

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

\_\_\_\_\_ 1/4 of the \_\_\_\_\_ 1/4 of Section \_\_\_\_\_ Township \_\_\_\_\_ N, Range \_\_\_\_\_ East

Legal Description of the Property: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Signature of Appellant: \_\_\_\_\_ Date: \_\_\_\_\_

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Disposition:

**Date of Publishing:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Date of Request:** \_\_\_\_\_ **Date of Hearing:** \_\_\_\_\_

**Commission Action:** \_\_\_\_\_ **Date of Action:** \_\_\_\_\_

**Village Board Action:** \_\_\_\_\_ **Date of Action:** \_\_\_\_\_

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**\$145.00 Non-refundable Fee Required for Rezoning Requests** **Paid On:** \_\_\_\_\_