REQUEST TO VILLAGE OF PLOVER PLAN COMMISSION FOR REZONING REQUEST

APPELLANT:

Name:_____

Address:_____

_____
(City, State, Zip Code)

Telephone:_____

AGENT FOR APPELLANT:

Name:_____

Address:_____

_____
(City, State, Zip Code)

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:**_____