

REZONING APPLICATION

Village of Cherry Valley, Illinois

Name of applicant: _____
Address: _____
Phone number: _____

If applicant is not the owner of the property; attached a signed statement from the owner that the applicant is the authorized agent of the owner of the property for which the change in zoning is requested.

Address of property: _____
Property tax code number: _____
Township: _____

On separate sheet; provide the name and address of all adjoining property owners

FEES:

Property of less than 1/2 acre:.....	\$200.00
Property 1/2 acre to 2 acres:.....	\$275.00
Over 2 acres to 5 acres:.....	\$350.00
Above 5 acres.....	\$350.00
Plus \$25.00 for each acre or part thereof in excess of five acres, with a total maximum of \$600.00	

Enclose copy of full and complete legal description for the property.

In addition to the above noted fees, applicants are also responsible for all publication costs and certified mailings (postage) associated with this application. Fees will be invoiced upon receipt of the bill from the local newspaper.

All information provided is accurate. I full understand that failure to provide all information may result in delays in processing the request:

Signature of applicant

Date