Town of Elgin Zoning Map Amendment (Rezoning) Application

Date filed:		_ Request No	
	Instruction	ons	
A zoning map amendment Zoning Administrator, or Elg		ne property owner(s), Plan	ning Commission,
If the application is on beha not an owner, the owner(s)			If the applicant is
THE APPLICANT HEREB		e property described below	
APPLICANT(S) [print]:			
Address: Telephone: Interest:0	[work] Dwner(s);	[home] Agent of owner(s); Ot	her
OWNER(S) [if other than th			
Address:	[work] Jse reverse side if more	[hom e space is needed.]	e]
PROPERTY ADDRESS:	Area (s	ize):	
DESIGNATION OF AGENT I (we) hereby appoint the period this request for rezoning.			present me (us) in
Date:			
		Owner Sign	nature(s)
I (we) certify that the inform	ation in this request is c	correct.	
Date:			
		Applicant s	ignature(s)