



APPLICATION FOR AMENDMENT TO ZONING & LAND DEVELOPMENT CODE AND REZONING

(For staff only) PC Case No. _____

Filing Date _____

\$650 Filing Fee (non-refundable) submitted: _____

The undersigned Owner of Record or Agent requests that an amendment be made to the Zoning and Land Development Code of the City of Moline, Illinois.

APPLICATION TYPE (check one)

REZONING. Complete Section 1 and Section 2 below and attach additional documentation if necessary.

TEXT AMENDMENT. Attach a detailed copy of the proposed amendment(s) and complete Section 2 below.

SECTION 1

Legal Description from Deed or Survey (attach additional sheets if necessary):

Property Location (Street Address): _____

Parcel Number: _____ Total Area (Acres or Square Feet): _____

Present Zoning Classification: _____ Proposed Zoning Classification: _____

Present Use: _____ Proposed Use: _____

Owner Name: _____

Owner Mailing Address: _____

Owner Phone Number: _____ Owner Email Address: _____

SECTION 2

Applicant/ Authorized Agent Name: _____

Applicant Mailing Address: _____

Applicant Phone Number: _____ Applicant Email Address: _____

Signature of Applicant (for text amendment) or Signature of Owner of Record or Authorized Agent (for rezoning)

Note: Authorized Agent must attach written authorization from Owner of Record.

Signature Date

REQUIRED ATTACHMENT: Interested Party Disclosure Form