## CITY OF SPRING VALLEY, ILLINOIS

## PLANNING COMMISSION

## PETITION FOR CHANGE IN ZONING (Execute in Triplicate)

FEE: #400.

	DO NOT WRITE IN THIS SPACE—FOR OFFICE USE ONLY
Dat	e Filed:
Dat	e Set for Hearing: Date Hearing Held:
Dat	e Adjacent Property Owners Notified:
Co	nments: (Indicate other actions such as continuances etc.)
Act	ion by Planning Commission:
	TE: The following questions must be answered completely. If additional space is needed, attach ext
	TE: The following questions must be answered completely. If additional space is needed, attach extges to petitions.  Name of Petitioner (s):
pa	Name of Petitioner (s):
	Name of Petitioner (s):
paş  1.  2.  4.	Name of Petitioner (s):  Address of Petitioner (s):  Legal description of real estate for which rezoning change is requested:
paş	Name of Petitioner (s):  Address of Petitioner (s):  Legal description of real estate for which rezoning change is requested:  Street address of real estate for which rezoning change is requested:

9. Lot number or legal	description of any real estat	e owned by petitioner ac	ljacent to area proposed to be changed		
		•			
10. Recite facts indicate purpose of the Zoning Ord	ing why the proposed change dinance:	e will not be detrimental	to the general public's interest and the		
•					
11. Disclose the purpose	e for which the property here	in described is sought to	be used if this petition is granted:		
		•			
N	NAME		ADDRESS		
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	(attach addition	nal sheets if necessary)			
I (We) hereby certify t	hat all the above statements	and the statements conta	ined in any papers or plans submitted		
ierewith are true to the bes	t of my (our) knowledge and	belief.			
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		Petitioner	Date		
	<del></del>				
		Petitioner	Date		