

# Village of Alvo

## APPLICATION FOR CHANGE IN ZONING

### Application information

Date Filed: \_\_\_\_\_

Desired Hearing  
Date: \_\_\_\_\_

Full name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

*Street address*

*Apt./Unit #*

Phone: \_\_\_\_\_

*City*

*State*

*Zip Code*

Email: \_\_\_\_\_

Present Owner: \_\_\_\_\_  
\_\_\_\_\_

Present  
Zoning: \_\_\_\_\_

Proposed  
Zoning: \_\_\_\_\_

Detailed Property Description or Location: \_\_\_\_\_  
\_\_\_\_\_

Reason for Zoning Change: \_\_\_\_\_  
\_\_\_\_\_

Additional information to support your  
request: (Sketch may be required) \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Adjoining Property Use:

North: \_\_\_\_\_

South: \_\_\_\_\_

East: \_\_\_\_\_

West: \_\_\_\_\_

**\*\*For Office Use Only\*\***

Hearing Date: \_\_\_\_\_

Check # or Cash: \_\_\_\_\_