

VARIANCE REQUEST

City of Rock Island Board of Zoning Appeals
City Hall, 1528 3rd Avenue
Rock Island, Illinois 61201
Phone: (309) 732-2900 Fax: (309) 732-2930
Email: planning@rigov.org



APPLICANT/AGENT INFORMATION

Name:	Phone:
Address:	
Email:	

PROPERTY OWNER INFORMATION

Name:	Phone:
Address:	
Email:	

If different from applicant, please attach a notarized letter of authorization.

APPLICATION INFORMATION

Street Address/Location:	
Parcel ID Number:	Zoning:
Legal Description:	
Current Use:	Proposed Use:
Variance Sought:	
Dimension Requested:	Dimension Required:
Section(s) of the Code of Ordinances from which variance is being sought:	
Reason variance is being sought:	
Property to the NORTH used for:	Property to the EAST used for:
Property to the SOUTH used for:	Property to the WEST used for:
<input type="checkbox"/> Application Fee <input type="checkbox"/> Legal Description <input type="checkbox"/> Notarized Owner Authorization	
Submitted by:	Date: