

CITY OF BELVIDERE
Community Development



401 WHITNEY BLVD. SUITE 300 BELVIDERE, IL 61008 P. 815-547-7177 F. 815-547-0789

APPLICATION FOR APPEAL

Name of Applicant _____

Mailing Address _____

Phone Number: _____ E-mail Address: _____

Decision Being Appealed:

Date _____ Applicant Signature _____

(For Official Use Only)

Filing Date _____

PZC Date _____

Date _____ Staff Signature _____

NOTE: Applications can be filed at anytime. Applications will not be processed until all of the required information has been submitted. See the attached schedule of meeting dates and deadlines for submittals.