

**REQUEST TO VILLAGE OF SCANDINAVIA PLAN COMMISSION  
REZONING REQUEST**

**PROPERTY OWNER**

**PROPERTY OWNER'S AGENT**

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
(City, State, Zip Code) (City, State, Zip Code)

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

**REQUESTED CHANGE:** (State briefly what is being requested and why)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPERTY LOCATION & DESCRIPTION:**

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Legal Description of the Property \_\_\_\_\_

Address of Property \_\_\_\_\_

Signature of Property Owner \_\_\_\_\_ Date \_\_\_\_\_

The current property owner shall acknowledge a Rezone Request on behalf of an agent (i.e., prospective buyer) prior to submission of request.

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**Disposition:**

**Date Notices Mailed** \_\_\_\_\_ **Date Notices Posted** \_\_\_\_\_

**Date of Request** \_\_\_\_\_ **Date of Hearing** \_\_\_\_\_

**Commission Action** \_\_\_\_\_ **Date of Action** \_\_\_\_\_

**Village Board Action** \_\_\_\_\_ **Date of Action** \_\_\_\_\_

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**Non-refundable Fee Required for Rezoning Requests Paid On** \_\_\_\_\_

**\$150.00 Special Meeting**

**\$75.00 Scheduled Meeting**