



VILLAGE OF ROBERTS

Applicant's Name:	Telephone No. Fax No.
Address:	
Property Owner:	Telephone No. Fax No.
Address:	
Request for:	
<input type="checkbox"/> Zoning District Change (\$75)	<input type="checkbox"/> Certified Survey Map Approval (\$75)
<input type="checkbox"/> Special Use Permit (\$75)	Board of Appeals (\$100)
<input type="checkbox"/> Conditional Use Permit (\$100)	<input type="checkbox"/> Other _____
Above may include advertising costs.	
Status of Applicant:	
<input type="checkbox"/> Owner	<input type="checkbox"/> Agent
<input type="checkbox"/> Buyer	<input type="checkbox"/> Other
Present Zoning:	Zoning Requested:
Uses Proposed:	Acreage(s):
Location:	
Parcel I.D. Number	_____
Legal Description: (Attach legal if needed)	_____ _____ _____
The undersigned applicant or representative, thereof, certifies that he/she is familiar with the State and local code applicable to this request, the procedural requirements of the Village and/or Township, and all other application Village ordinances.	
Signature of Applicant/Representative:	
(print) _____	Date _____
(signature) _____	Date _____
Application received by:	Date
Fees Paid and Date:	
Zoning District Change	\$ _____ Date _____
Special Use Permit	\$ _____ Date _____
Conditional Use Permit	\$ _____ Date _____
Board of Appeals	\$ _____ Date _____
Other	\$ _____ Date _____
8/24/15	