

VILLAGE OF MALTA

ZONING BOARD OF APPEALS APPLICATION / APPEAL FORM

Village of Malta
302 South Second Street
Malta, Illinois 60150
Phone: 815-825-2330
Website: [Village of Malta](#)

APPLICATION TYPE

(Please check all that apply)

- Appeal of Zoning Administrator Decision
 - Variance Request
 - Special Use Request
-

APPLICANT INFORMATION

Applicant Name: _____

Property Owner Name (if different): _____

Property Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

PROPERTY INFORMATION

Parcel Identification Number (PIN): _____

Current Zoning District: _____

Legal Description (if applicable):

DESCRIPTION OF REQUEST

Please provide a detailed description of the appeal, variance, special use, interpretation request, or other relief requested.

BASIS FOR APPEAL / FINDINGS OF FACT

If filing an appeal, please describe why you believe the decision or order of the Zoning Administrator should be reversed or modified.

If requesting a variance or special use, explain the hardship, practical difficulty, or basis for the request and how the request meets applicable Village standards.

REQUIRED SUBMITTALS

Please attach the following, if applicable:

- Site Plan / Plat of Survey
- Photographs
- Construction Plans or Drawings
- Legal Description
- Supporting Documents
- Other: _____

APPLICATION FEES

Application Fee Paid: \$ 500.00 _____

Date Paid: _____

Receipt Number: _____

Please note:

- Additional fees may apply for engineering review, attorney review, or consultant review.
- Incomplete applications may delay scheduling of a public hearing.
- Filing of this application does not guarantee approval.

APPLICANT CERTIFICATION

I hereby certify that the information contained in this application and all attached documents is true and correct to the best of my knowledge. I understand that additional information may be required by the Village of Malta or the Zoning Board of Appeals.

Applicant Signature: _____ (use signature tool at the top if you don't have a digital signature)

Date: _____

Property Owner Signature (if different): _____ (use signature tool at the top if you don't have a digital signature)

Date: _____

You can save and download this form to submit via email to: villageofmalta@outlook.com please be sure to attach supporting documents or print and submit hard copy to: Village of Malta with supporting documents at: 302 S Second Street, Malta IL. or mail to: Village of Malta, P.O. Box 53, Malta IL. 60150 - Please call to confirm your submittal if you don't receive a confirmation email.

OFFICE USE ONLY

Date Application Received: _____

Application Complete: Yes No

Hearing Date: _____

Publication Date: _____

Notice Mailed: Yes No

Zoning Board of Appeals Action:

Notes:

- Approved
- Approved with Conditions
- Denied
- Continued

Village Official: _____