Monroe County, Iowa Zoning Application

DATE: _____

APPLICATION FEE: _____

REQUEST TO REZONE

APPLICANT NAME: _____

APPLICANT MAILING ADDRESS: _____

STATUS OF APPLICANT (circle) Owner Other (explain)_____

PHONE: _____ EMAIL: _____

IF APPLICANT IS NOT THE OWNER: LANDOWNER NAME: _____

ADDRESS: _____

PHONE:_____ EMAIL:_____

PROJECT LOCATION LEGAL DESCRIPTION:

GENERAL LOCATION OF PROPERTY:

DIMENSION OF PROPOSED PROPERTY BOUNDARY (excluding Right-of-Way) _____

TOTAL AMOUNT OF LAND IN PROPOSED ZONING BOUNDARY: _____

CURRENT ZONING DISTRICT: _____PROPOSED CHANGE TO:_____

THE LAND WILL BE USED FOR:

HOW WILL THE NATURAL CHARACTER OF THE LAND BE AFFECTED?

WHAT METHODS WILL BE UTILIZED TO MINIMIZE THE NATURE DISRUPTION?

OTHER INFOMRATION:

Please note that if the land needs to be subdivided, vacant or improved with this request it may require other applications. The rezoning application fee of _____ (payable to Monroe County) is required when the application is submitted.

The undersigned certify under oath and under the penalties of perjury that all information on this request and submitted along with it is true and correct. All information submitted will be used by the Monroe County Zoning Commission and the Board of Supervisors in making their decision. Any major change in any of the information given will require that the request go back through the process, with a new application fee. The undersigned authorize County Zoning Officials to enter the property in question regarding this request.

_____ _____

Signature of Applicant Date Signature of Owner Date

Please complete the application & submit to the Zoning Director at the on the 1st floor of the Monroe County Courthouse. All applications will be reviewed by the Zoning Administrator and presented to the Zoning Commission Board, Zoning Board of Adjustments and/or County Board of Supervisors for official approval.