tional land use applications (e.g., Conditional Use Permit or Variance) would

be necessary to accommodate the intended use in compliance with the

OTHER INFORMATION: In addition to the written narrative, a full size sur-

vey, topographic survey, landscape plan, grading and drainage plan, exterior building elevation drawings, and other information may also be required if

ADJACENT PROPERTY OWNERS: List the names and addresses of the owners of all property within 200 feet of the property for which the change is

NOTIFICATION SIGN: The applicant must obtain a "Notice of Land Use Application" sign from the Denison Building Department and post the sign along the

street in front of the subject property. Multiple signs may be required for sites

requirements of the proposed zoning change.

deemed necessary by the City Building Inspector.

requested.

adjacent to more than one street.



Zoning Change / Plat Review

111 North Main Street Denison, Iowa 51442

712-263-3143 | FAX: 712-263-4342

PROPERTY OWNER INFORMATION Company Name			ТҮРЕ	OFFICE USE		
			☐ Zoning Map Change (Re-Zoning) \$250	Permit Number Date Received/Paid		
Last Name	First Name		☐ Zoning Text Amendment \$250			
			☐ Preliminary Plat \$100	Date Issued	Total Fees Paid Method of Payment	
Address			☐ Final Plat \$150		☐ Cash☐ Check	
City	State	Zip		Date Completed		
Phone Number			PROPERTY Z	ONING INFORM	MATION	
Email Address			Address of Property			
APPLICANT INFO	RMATION (IF NOT PR	OPERTY OWNER ABOVE	Comprehensive Plan Designation			
Company Name			Zoning Change Requested			
Last Name	First Name		A. Re-Zoning Existing Designation:	B. Zoning Text Amendment Identify which section of the City Code is to be amended and briefly describe how the text is to be changed in light of		
Address				the intended p	project. Please use anoth- per if necessary.	
City	State	Zip				
Phone Number			Proposed Designation:			
Email Address			Troposed Sesignation.			
			_			
ADDITION	AL INFORMATION	REQUIRED				
and the complete lega	information to this applicat AND PIN: Provide the Parc al description(s) of the prope The narrative should desc	el Identification Number erty involved.				
the intended use, wh zoning, and how the	y you believe the use is no use would be permitted un Iment. Narratives should als	t permitted by the existi der the proposed rezoni	ng In approving a request for rezon	stances MUST be evide	ent; indicate which of the	

SIGNATURESBy signing below, you attest that the information above and attached is true and

correct to the best of your knowledge.

☐ A mistake was made when the existing zoning text or map was approved.

 \square Circumstances have changed since the original zoning that now justifies a

Property Owner

the existing zoning designation.

Date

Applicant

change.

Date