

GRAETTINGER CHANGE OF ZONING DISTRICT REVIEW

Application No. _____ This petition application is: ☐ Recommended ☐ Not Recommended

Need Additional Information before Approval: _____

Comments: _____

Signed: _____ Date: _____

NWIPDC Zoning Reviewer

City of Graettinger, Iowa Petition to Change Zoning District

Phone: (712) 859-3742 106 S. Cedar Ave., P.O. Box 418 Graettinger, Iowa 51342 8:00 a.m.-5:00 p.m. M-F

For questions, please contact Steve Hallgren, NWIPDC, Zoning Permit Reviewer, (800)798-7224 x141

1. APPLICATION IS MADE BY:

Name: _____ owner/developer/agent
(Please circle one)

If applicant is not the owner, please list owner's name and address: _____

Street Address: _____

City, State, Zip: _____

Phone or Contact Number: _____

2. PREMISIS IS LOCATED AT:

The undersigned is the (owner) (contract purchaser) (option purchaser) of the below described property located at (Street Address) _____

Legal Description _____ (Lot) _____ (Block) _____ (Subdivision)

3. REQUEST FOR REZONING:

Current Land Use: ☐ Agriculture ☐ Residential ☐ Commercial ☐ Industrial
☐ Civic/Public ☐ Vacant ☐ Other: _____

Current Zoning: _____ **Lot Area:** _____

Proposed Zoning: _____ **Proposed Land Use:** _____

Statements of Justification: Describe below the responses to each of the following questions:

1. Project Description: Describe, in detail, the nature of the proposed project for which the rezoning is being requested _____

2. A statement of the reasons why the applicant feels the present zoning is no longer appropriate. _____

Site Plan Required: A site plan, identifying all proposed lots and access must be attached and made part of this petition. The site plan shall clearly show the property under consideration and ALL properties within 500 feet of the property under consideration. The property boundaries and property legal description shall be based on actual survey or legal description of record.

Surrounding Owners: Attach a list of names and addresses of ALL property owners of record within 500 feet of the property under consideration.

Required Fee: This petition shall be accompanied by a non-refundable Rezoning Fee of \$_____ payable to the *City of Graettinger*.

4. CERTIFICATION:

The undersigned applicant, by signature, indicates his/her agreement to the conditions outlined in this permit, and will adhere to the Graettinger Zoning Regulations. The applicant also acknowledges and certifies under oath that the foregoing information is true and correct.

Signature of Applicant/Owner/Developer (or Authorized Representative) *Date*

GRAETTINGER PETITION TO CHANGE ZONING DISTRICT (FOR USE BY ZONING ADMINISTRATOR ONLY)

This application presented by the applicant has been reviewed for compliance with the Graettinger Zoning Ordinance.

This petition for zoning change is: ☐ Approved ☐ Denied as presented on this date: _____

Signed: _____ Graettinger Zoning Administrator

Copy Sent to Applicant on: _____

Change of Zone Fee Paid: ☐ Yes ☐ No \$_____