

**APPLICATION FOR ZONING ORDINANCE AMENDMENT
MARSHALL COUNTY, IOWA**

GF#: ___ - ___ - ___

To: The Marshall County Zoning Commission and the Marshall County Board of Supervisors.

The undersigned is a legal owner of property, resident or agent thereof of Marshall County, Iowa and request that the Commission consider the following amendment to the Marshall County Zoning Ordinance No. 3, 1997:

This is a request to amend: _____

Which currently reads: _____

To read: _____

Reason for the amendment request: _____

The fee for a zoning ordinance amendment request is \$300.00. This fee is non-refundable.

Notification must be posted in the paper(s) of circulation of Marshall County prior to the Zoning Commission meeting. The proposed amendment, depending on length may be published by the use of a summary as set forth in the Code of Iowa 1997.

The deadline for submittal of a rezoning request to be considered at the next month's meeting is the first Friday of the previous month, unless that Friday is a holiday in which case it will be due the following working day.

This amendment application, the fee, any supporting documentation and any other information deemed pertinent or necessary by the Zoning Administrator for the Zoning Commission and Board of Supervisors to make their decision are required to be submitted jointly. If any of these items are not included, it is considered an incomplete application and will not be accepted.

A staff member of the Marshall County Planning and Zoning Department, with the assistance of the Marshall County Attorney's Office (and any other legal assistance as needed); will conduct a review of the application and attendant materials and will submit a finding of fact to the Zoning Commission and the Board of Supervisors for their consideration along with the amendment request.

Signature of Applicant

Address

Phone # () _____

Signature of Applicant's Agent

Address

Phone # () _____

Contact Person _____ Phone # () _____

REQUEST BY THE COUNTY, NO APPLICANT SIGNATURE NEEDED.

BRIEF LEGAL DESCRIPTION: ATTACHED

REASON FOR PROPOSED ZONING ORDINANCE AMENDMENT: _____



OFFICE USE ONLY:

Filing Date: _____ **Filing Deadline:** _____ **Hearing Date:** _____

DATE FEE PAID: ____/____/____ **RECEIPT # :** _____

Planning and Zoning Department Recommendation: **ATTACHED**