

**APPLICATION FOR BED AND BREAKFAST
CERTIFICATE OF COMPLIANCE
MARSHALL COUNTY, IOWA**

GF#: ___ - ___ - ___

To: The Marshall County Zoning Administrator.

The undersigned is/are the owners of the property located in the unincorporated area of Marshall County, Iowa and request that the Zoning Administrator consider said property for issuance of a Certificate of Compliance for Bed and Breakfast:

911 Address of Property: _____ Proposed Use: _____

Current Zoning: _____ Proposed Zoning: _____

Estimated increase in vehicles trips per day: _____

(Note: The applicant may be required to provide the necessary engineering studies to determine this.)

Types of vehicles using facility: _____

The fee for a B & B Certificate of Compliance request is \$300.00. This fee is non-refundable.

A lot sketch is required for all requests which do not have an accompanying preliminary plat. Said lot sketch shall show all existing structures located on the property with dimensions of each structure, dimensions between structures and dimensions from those structures to the proposed/existing lot lines.

A site plan is required whenever an applicant asks for a change of zoning to either R-3, C-1, C-2 or F-P zoning. Requirements for a site plan are as stipulated in Article XVI of the Marshall County Zoning Ordinance No. 3.

This application, the fee and the lot sketch/site plan 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 will conduct a site review and will photograph the area in question.

Please indicate if the property is involved in any of the following:

Bankruptcy _____ Contract _____ Civil Suit _____ Foreclosure _____

Signature of Owner

Signature of Contract Purchaser

Address _____

Address _____

Phone # () _____

Phone # () _____

Contact Person _____

Phone # () _____

Surveyor _____

Company _____



BRIEF LEGAL DESCRIPTION: _____

Sidwell PIN # : ___ - ___ - ___ - ___ Lot Size: _____ Acres

Where will accommodations be located: _____

What is the total capacity (count by family) at any given time: _____

What type of food service (if any) will be provided: _____

List the verbage and dimensions of the sign (if any) that will be used for advertising the B&B: _____

How many parking spaces will there be for the residence: _____

How many parking spaces will there be per accommodated family: _____

Comprehensive Land Use Plan Designation: Ag-Res. Res-Reserve Comm-Exp. Ind-Exp. CRA ALPA



OFFICE USE ONLY:

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

DATE FEE PAID: ___/___/___ RECEIPT # : _____

CURRENT ZONING: A-1 R-1 R-2 R-3 C-1 C-2 U-1 A-Z

PROPOSED ZONING: A-1 R-1 R-2 R-3 C-1 C-2 U-1 A-Z

Planning and Zoning Department Recommendation: _____

