

APPLICATION FOR CHANGE OF C.L.U.P. MAP GF#: ___ - ___ - ___
MARSHALL COUNTY, IOWA

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

The undersigned is/are the owners of the property located in the unincorporated area of Marshall County, Iowa and request that the Commission consider said property for comprehensive land use plan map re-designation:

911 Address of Property: _____ Proposed Use: _____

Request for re-designation of the following property to be changed from _____ to _____ on the Marshall County Comprehensive Land Use Plan Map.

Current Designation: _____ Proposed Designation: _____

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: _____

There is no fee for this request.

The deadline for submittal of a re-designation 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.

A lot sketch is required for all C.L.U.P. Map re-designations 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 lot lines.

This re-designation application, 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
Address _____

Signature of Contract Purchaser
Address _____

Phone # () _____

Phone # () _____

Contact Person _____
Surveyor _____

Phone # () _____
Company _____

(over)



ATTACH A BRIEF LEGAL DESCRIPTION

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

REASON FOR PROPOSED RE-DESIGNATION: _____



OFFICE USE ONLY:

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

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

CURRENT DESIGNATION: Ag-Res. - Res-Reserve - Comm-Exp. - Ind-Exp. - CRA – ALPA

PROPOSED DESIGNATION: Ag-Res. - Res-Reserve - Comm-Exp. - Ind-Exp. - CRA – ALPA

Planning and Zoning Department recommendation is attached to this application sheet.