

**APPLICATION FOR SECTION 2-C
USE PERMIT (GROUP HOMES)
MARSHALL COUNTY, IOWA**

GF#: ___ - ___ - ___

To: The Marshall County Board of Adjustment.

The undersigned is/are the owners of the property located in the unincorporated area of Marshall County, Iowa and request that the Board consider said property for variance to the Marshall County Zoning Ordinance:

911 Address of Property: _____ Proposed Use: _____

Special Use request (Ord. Part): _____

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 Special Use Permit is \$100.00. This fee is non-refundable.

The deadline for submittal of a special use request to be considered at the next month's meeting is 24 days preceding the fourth Tuesday of the month, unless that day is a holiday in which case it will be due the following working day.

A lot sketch is required for all special use 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 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 special use 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

(over)



BRIEF LEGAL DESCRIPTION:

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

REASON FOR PROPOSED SPECIAL USE _____

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: **ATTACHED.**