

APPLICATION FOR CHANGE OF ZONING 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 rezoning:

911 Address of Property: _____ Proposed Use: _____

Current Zoning: _____ Proposed Zoning: _____

The fee for a single rezoning is \$300.00. This fee is non-refundable.

Notification signs must be posted on the property to be rezoned 15 days prior to the Zoning Commission meeting. Signs must be posted and be visible from the road. If the proposed rezoning fronts on two roads a sign must be visible from both roads.

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.

A lot sketch is required for all single family residential (R-1 & R-2) rezonings 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 rezoning 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 (Y/N):

Bankruptcy _____ Contract _____ Civil Suit _____ Foreclosure _____

Signature of Owner
Address _____

Signature of Contract Purchaser
Address _____

Phone # () _____

Phone # () _____

Contact Person _____
Surveyor _____

Phone # () _____
Company _____

BRIEF LEGAL DESCRIPTION: _____

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

REASON FOR PROPOSED ZONING CHANGE: _____



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

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

Attach Planning and Zoning Department Findings of Fact.