

APPLICATION FOR ZONING CHANGE



CITY OF TEMPLETON

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 Templeton, IA 51463
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****THIS BOX FOR OFFICE USE ONLY****

Date _____
 Received: _____
 Fee: _____

****COMPLETE ALL APPLICABLE SECTIONS****
ALL APPLICATIONS MUST BE ACCOMPANIED BY REQUIRED APPLICATION FEE.

DATE: _____

APPLICANT INFORMATION

Applicant Name:	Telephone:
Mailing Address:	City/State/ZIP

PROPERTY INFORMATION

Property Address: (if different from above)	
Legal Description: (**REQUIRED, Attach Additional Pages if Necessary)	
Property Owner's Name (if applicant is not the owner)	
Current Zoning:	Proposed Zoning:

REQUEST INFORMATION

Explanation of why zoning district change is being requested:

Please submit the following items to complete your application. You may use the back of this sheet or attach additional pages as necessary.

- 1. A scaled drawing of the area which shows (a) property lines and existing buildings and other site improvements, (b) the boundaries of the proposed district changes, (c) the placement of existing and proposed buildings or structures on lots, and (d) any other relevant or important features that may be applicable to the requested change.
- 2. A list of ALL property owners in and within 200 feet of the affected area including Names, Addresses, and Telephone numbers. All adjacent property owners will be notified of the request for a zoning change, and will have the opportunity to provide their input on the request.
- 3. The appropriate zoning change application fee (contact City Hall for amount) made out to the City of Templeton.

APPLICANT CERTIFICATION

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND THE INFORMATION PROVIDED IS ACCURATE AND CORRECT. I AGREE TO COMPLY WITH THE CITY OF TEMPLETON ZONING ORDINANCE AND ALL OTHER LOCAL, STATE, AND FEDERAL LAWS AND REQUIREMENTS GOVERNING THIS REQUEST, WHETHER HEREIN SPECIFIED OR NOT.

Signature of Owner: **X** _____ Date: _____

CITY REVIEW & APPROVAL

ZONING/BUILDING ADMINISTRATOR RECOMMENDATION	PLANNING & ZONING COMMISSION REVIEW	CITY COUNCIL REVIEW
<input type="checkbox"/> Incomplete-Return to Applicant (complete section below) <input type="checkbox"/> Recommend Approval-Forward to P & Z for review <input type="checkbox"/> Recommend Denial-Forward to P & Z for review	Date Reviewed: _____ <input type="checkbox"/> Recommend approval of change to City Council, minutes attached <input type="checkbox"/> Recommend denial of change to City Council, minutes attached	Date Reviewed: _____ <input type="checkbox"/> Change approved by Ordinance No. _____ <input type="checkbox"/> Change denied
Signature:	Signature of P & Z Chairperson:	Signature of Mayor:
Comments:	Comments (attach additional pages if necessary):	Comments (attach additional pages if necessary):