

APPLICATION FOR REZONING

City of Waukon, Iowa

1. Name of land owner: _____
Address: _____ Phone no: _____
 2. Name of applicant or agent: _____
Address: _____ Phone no: _____
 3. Description of property: _____

 4. Area: acres _____ or square feet: _____
 5. Request change from: _____ district, to _____ district.
 6. Reason for change: _____

 7. Signature of applicant: _____ Date: _____
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FOR CITY USE ONLY

\$ _____ Filing fee paid to City Clerk, Date: _____

_____ Date scheduled before Planning and Zoning Board.

(Application must be received by City Clerk's office at least two weeks prior to the Planning and Zoning Board).

Date: _____ Planning and Zoning recommendation: _____

Date: _____ City Council action: _____
