



ZONING DISTRICT AMENDMENT APPLICATION

MILLS COUNTY, IOWA
BUILDING & ZONING DEPARTMENT
 403 RAILROAD AVENUE
 GLENWOOD, IA 51534
 Phone: 712-527-4347
 Fax: 712-527-4439
 Website: www.millscoia.us

Application Fee: \$300.00	Township:	Application #:
Receipt #:		
SITE ADDRESS:	PARCEL NUMBER:	
LEGAL DESCRIPTION: <input type="checkbox"/> Attachment		ACREAGE:
CURRENT ZONING DISTRICT: <input type="checkbox"/> AG (Agricultural) <input type="checkbox"/> AR (Agricultural-Residential) <input type="checkbox"/> LH (Loess Hills Conservation Develop.) <input type="checkbox"/> V (Village) <input type="checkbox"/> C-1 (Convenience Commercial) <input type="checkbox"/> C-2 (Highway Oriented Commercial) <input type="checkbox"/> I (Industrial) <input type="checkbox"/> OS (Open Space)		
REQUESTED RE-ZONING DISTRICT: <input type="checkbox"/> AG (Agricultural) <input type="checkbox"/> AR (Agricultural-Residential) <input type="checkbox"/> LH (Loess Hills Conservation Develop.) <input type="checkbox"/> V (Village) <input type="checkbox"/> C-1 (Convenience Commercial) <input type="checkbox"/> C-2 (Highway Oriented Commercial) <input type="checkbox"/> I (Industrial) <input type="checkbox"/> OS (Open Space)		
Requesting Rezone for the following purpose:		
PROPERTY OWNER NAME:		PHONE NUMBER:
PROPERTY OWNERS MAILING ADDRESS:		STATE: ZIP CODE:
EMAIL ADDRESS:	DATE OF PREVIOUS APPLICATION SUBMITTED, IF ANY:	
CURRENT USE OF PROPERTY:		
PROPOSED USE DESCRIPTION:		

NAMES AND ADDRESSES OF ALL OTHER PERSONS, FIRMS, ETC. HAVING A LEGAL CONNECTION TO THE PROPERTY TO BE CONSIDERED FOR REZONING

***Note:** Seven (07) copies of a *Site/Plot Plan* is **REQUIRED** to be attached to this application, showing size of lot, dimensions, & locations of principal building(s) on lot, dimensions & location of any new structures to be built on lot, location of well & septic systems, and setbacks of any new structures to property lines, drainage (if applicable) and road Right-of-Way (R-O-W). The R-O-W is an easement for site access purposes. And provide Seven (07) copies of all other additional written material and/or documents accompanying this application.

I HEREBY CERTIFY THAT ALL OF THE ABOVE STATEMENTS AND THE STATEMENTS CONTAINED IN A NY PAPERS OR PLANS SUBMITTED HERewith ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

OWNERS SIGNATURE _____ DATE _____

PRINT OWNERS NAME _____

**Please make be certain that you want to proceed with this project when you submit your application.
The fees that you submit are not refundable once the application is submitted**

Mills County Building and Zoning Use Only

Zoning District Amendment/Change:	Filing Date:	Received By:
P&Z Meeting Info:		Date:
P&Z Action:		Date:
Other:		Effective/Approval Date: