ZONING DISTRICT AMENDMENTAPPLICATION (re-zone)

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* Receipt #:	Township:	Application #:

SITE ADDRESS:	PARCEL NUMBER:
LEGAL DESCRIPTION: ☐ *Attachment*	ACREAGE:

CURRENT ZONING DISTRICT :
☐ **AG** *(Agricultural)* ☐ **AR** *(Agricultural-Residential)* ☐ **LH** *(Loess Hills Conservation Develop.)*
☐ **V** *(Village)* ☐ **C-1** *(Convenience Commercial)* ☐ **C-2** *(Highway Oriented Commercial)*
☐ **I** *(Industrial)* ☐ **OS** *(Open Space)*

REZONING TO DISTRICT :
☐ **AG** *(Agricultural)* ☐ **AR** *(Agricultural-Residential)* ☐ **LH** *(Loess Hills Conservation Develop.)*
☐ **V** *(Village)* ☐ **C-1** *(Convenience Commercial)* ☐ **C-2** *(Highway Oriented Commercial)*
☐ **I** *(Industrial)* ☐ **OS** *(Open Space)*

Requesting rezone for the following purpose:

PROPERTY OWNER NAME:	PHONE NUMBER:

PROPERTY OWNERS MAILING ADDRESS:	STATE: *IA*	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 LEAGAL 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 additional written material 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 # :	**Filing Date:**	**Received By:**
Zoning Action:		**Date:**
Council Action:		**Date:**
		Effective/Approval Date: