

CITY OF SHUEYVILLE REZONING

Items needed for rezoning:

Application form completed

Fee Included - \$200.00

Legal Description of property

15 copies of ENGINEER's drawing of property to be rezoned

Names and addresses of all property owners within 200 feet of property

Brief statement why requesting rezoning; should include present and new zoning being requested

ALL papers must be to clerk at least 10 business days prior to meeting

CITY OF SHUEYVILLE, IOWA REQUEST FOR ZONING REVIEW

SECTION I: GENERAL INFORMATION:

Project Name:	_____
Site Location:	_____
Applicants Name:	_____
Mailing Address:	_____ _____
Phone:	_____
Fax:	_____

Property Owner's Name and Mailing Address (if different from Applicant):	
_____ _____	
Property Owner's Phone:	_____
Property Owner's Fax:	_____

PROJECT REPRESENTATIVE: Please enter the name of the person (applicant, owner, or member of the development team) who will be the main coordinator of this project. The person named will be the primary person contacted by City staff.	
Project Representative's Name:	_____
Mailing Address:	_____ _____
Phone:	_____
Fax:	_____

SECTION II: DEVELOPMENT TEAM

ENGINEER:

Contact Person:

Phone: _____

Fax: _____

ARCHITECT:

Contact Person:

Phone: _____

Fax: _____

ATTORNEY:

Contact Person:

Phone: _____

Fax: _____

OTHER:

Contact Person:

Phone: _____

Fax: _____

DEVELOPMENT APPLICATION for the CITY OF SHUEYVILLE	<input type="checkbox"/>	Preliminary Plat Application
	<input type="checkbox"/>	Final Plat Application
	<input type="checkbox"/>	Rezoning Request
	<input type="checkbox"/>	Special Exception Request
	<input type="checkbox"/>	Variance Request
	<input type="checkbox"/>	Outdoor Service Area Request

Note to Applicant: This is a multiple use form. Only complete the sections related to your request indicated above

This Section to be Completed by the Applicant

Development Name	Address	
Development Owner	Address	Phone
Engineer	Address	Phone
Attorney	Address	Phone
Applicant (if other than owner)	Address	Phone

Applicant Checklist for Requested Action Indicated Above (attach separate sheets as necessary)

Rezoning Requests: <input type="checkbox"/> Legal description <input type="checkbox"/> Site map <input type="checkbox"/> Statement of why present zoning is no longer valid <input type="checkbox"/> List of property owners within 200 feet of the rezoning	Fee Paid: \$
	Accepted by:
	Present Zoning:
	Proposed Zoning:
Special Exception Requests: <input type="checkbox"/> Site map <input type="checkbox"/> Statement of why special exception is being requested, including legal description and adjacent neighbors	Fee Paid: \$
	Accepted by:
Variance Request: <input type="checkbox"/> Site map with required and requested standards <input type="checkbox"/> Statement of why variance is being requested, including legal description and adjacent neighbors	Fee Paid: \$
	Accepted by:
Outdoor Service Area Request: <input type="checkbox"/> Names and addresses of abutting property owners <input type="checkbox"/> Names and addresses of property owners within 100 feet of applicant's premises <input type="checkbox"/> Include copy of State application for outdoor service area <input type="checkbox"/> Site map showing the following: location of proposed outdoor service area with relation to applicant's premises; all emergency exits; location of service area entrance(s); type and location of screening fence; location and type of any permanent fixtures in the outdoor service area	Fee Paid: \$
	Accepted by:
Preliminary Plat: <input type="checkbox"/> 18 copies of preliminary plat with required information	Fee Paid: \$
	Accepted by:
Final Plat: <input type="checkbox"/> 18 copies of final plat with required information	Fee Paid: \$
	Accepted by:

Note to Applicant: All fees must be paid prior to consideration by the City Council, or by any board or commission of the City of _____

Filing Date (office use only):