CITY OF IOWA COLONY

"Where We Make It Happen"

APPLICATION FOR SPECIFIC USE PERMIT

FORM 'B'

APPLICATION DATE: _____

NAME OF APPLICANT: _____

THE LEGAL DESCRIPTION AND THE ADDRESS OF THE PROPERTY THAT IS SUBJECT OF THE APPLICATION FOR SPECIFIC USE:

_____

_____

A DETAILED DESCRIPTION OF THE SPECIFIC USE PERMIT THAT IS PROPOSED: _____

_____

_____

THE ZONING DISTRICT IN WHICH THE SUBJECT PROPERTY IS LOCATED. CIRCLE ONE: (MU) (SFR) (MH) (BR)

THE SIGNED CONSENT OF THE OWNER OR OWNERS OF THE SUBJECT PROPERTY, IF THE APPLICANT IS NOT THE OWNER OF THE PROPERTY: _____

THE APPLICANT'S INTEREST IN THE SUBJECT PRROPERTY IF THE APPLICANT IS NOT AN OWNER OF ALL OR PART OF THE PROPERTY. _____

_____

SUCH OTHER INFORMATION OR DOCUMENTATION AS THE CITY COUNCIL OR ZONING ADMINISTRATOR MAY DEEM NECESSARY.

_____

_____

EACH APPLICATION FOR SPECIFIC USE PERMIT MUST BE ACCOMPANIE DBY A NON-REFUNDABLE FEE OF $1,000.00 TO DEFRAY THE COST OF NOTIFICATION, ATTORNEY'S FEES OR PROCESSING TH APPLICATION.

NOTE: THIS APPLICATION EXPIRES IN 180 DAYS IF NOT SUBMITTED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS AND/ OR ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

SIGNATURE REQUIRED: _____