

JOHNSON COUNTY, IOWA \_\_\_\_\_  
APPLICATION TO REZONE

TO BE FILED WITH THE OFFICE OF THE JOHNSON COUNTY PLANNING, DEVELOPMENT AND SUSTAINABILITY ADMINISTRATOR.

APPLICATION NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

PARCEL ID#: \_\_\_\_\_

TO: JOHNSON COUNTY BOARD OF SUPERVISORS  
JOHNSON COUNTY ZONING COMMISSION

THE UNDERSIGNED IS THE (OWNER, CONTRACT PURCHASER, CONTRACT OWNER, OPTION PURCHASER, AGENT) OF THE FOLLOWING DESCRIBED PROPERTY LOCATED IN THE UNINCORPORATED AREA OF \_\_\_\_\_ TOWNSHIP, JOHNSON COUNTY, IOWA AND REQUESTS THAT YOU CONSIDER THE

RECLASSIFICATION OF SAID PROPERTY FROM \_\_\_\_\_ DISTRICT TO \_\_\_\_\_ DISTRICT LOCATED AT (LAYMAN'S DESCRIPTION), \_\_\_\_\_

AREA TO BE REZONED IS COMPOSED OF \_\_\_\_\_ ACRES AND LEGALLY DESCRIBED AS: (PLEASE ATTACH LEGAL DESCRIPTION AND SITE PLAN OF AREA TO BE REZONED).

PROPOSED USE \_\_\_\_\_

NAME AND ADDRESSES OF OWNERS OF RECORD:

THE APPLICATION SHALL CONTAIN:

- A MAP OF LARGE ENOUGH SIZE TO SHOW THE PROPERTY FOR REZONING OUT-LINED IN RED, THE PROPERTY WITHIN 500 FEET OF THE PROPERTY FOR RE-ZONING OUTLINED IN BLUE.
- A DIAGRAM DRAWN TO SCALE (NO SMALLER THAN ONE INCH EQUALS ONE HUNDRED FEET) SHOWING THE LOCATION OF THE PROPOSED OR EXISTING ACCESS TO THE PROPERTY.
- A LIST OF NAME AND ADDRESSES OF THOSE PERSONS OWNING PROPERTY WITHIN 500 FEET OF THE PROPERTY OF THE OWNER OF RECORD.
- APPLICATIONS FEES (CHECK MADE PAYABLE TO THE JOHNSON COUNTY TREASURER): TEN DOLLARS (\$10.00) FOR A REZONING SIGN, THE OTHER IN AN AMOUNT WHICH VARIES DEPENDING ON THE NATURE OF THE APPLICATION. FEES MAY BE SUBMITTED IN ONE CHECK.
- A SIGNED RESOLUTION AFFIRMING THE STABILITY OF THE CURRENT ROAD SYSTEM.
- A COVER LETTER EXPLAINING THE PURPOSE OF THE APPLICATION.
- DOES THIS REQUEST ADDRESS AFFORDABLE HOUSING IN JOHNSON COUNTY, IOWA?
- AN ELECTRONIC OR DIGITIZED COPY OF THE LEGAL DESCRIPTION OF THE AREA TO BE REZONED AND A PDF COPY OF ENTIRE APPLICATION.

THE APPLICANT IS TO OBTAIN AND POST THE REZONING SIGN ON THE ABOVE DESCRIBED PROPERTY WITHIN SEVEN (7 DAYS) FROM FILING OF THIS APPLICATION.

\_\_\_\_\_  
APPLICANT (PLEASE PRINT)

\_\_\_\_\_  
AGENT (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY/STATE: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

08/19/2015