

APPLICATION FOR REZONING

This is an application for change of the zoning map. The form must be completed and filed at the office of the City Clerk. *Note: An incomplete application cannot be accepted.*

I. Name of applicant or applicants (owner[s] and/or their agent or agents). All owners of all property requested to be rezoned must be listed in this form.

A. Applicant/Owner \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Agent (if any) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

(Use separate sheet if necessary for additional owners/applicants.)

II. The applicant hereby requests a change of zone from \_\_\_\_\_ zoning district to \_\_\_\_\_ zoning district for property legally described as (use either metes and bounds or subdivision/block/lot description):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. This property is located in: Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_.  
The general location is (use appropriate section):

A. Street Address: \_\_\_\_\_

B. At the \_\_\_\_\_ (NW, NE, SW, SE) corner of \_\_\_\_\_  
(street) and \_\_\_\_\_ (street) or

C. On the \_\_\_\_\_ (N, S, E, W) side of \_\_\_\_\_  
(Avenue) (Street) between \_\_\_\_\_ (Avenue)  
(Street) and \_\_\_\_\_ (Avenue) (Street).

IV. I request this change in zoning for the following reasons: (Do not include reference to proposed uses.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

V. Findings of Fact. In order to recommend, approve or disapprove a proposed zoning district amendment, the Planning Commission shall make findings of fact to determine whether the application is found to be compatible with the following items. Please note each item below in relationship of your situation, and briefly summarize your justification for the zoning change.

A. Character of the neighborhood: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Consistency with the comprehensive plan and ordinances of the City of Hiawatha:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Adequacy of public utilities and other needed public services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Suitability of the uses to which the property has been restricted under its existing zoning: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Length of time property has remained vacant as zoned: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Compatibility of the proposed district classification with nearby properties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. The extent to which the zoning amendment may detrimentally affect nearby property.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. Whether the proposed amendment provides a disproportionately great loss to the individual land owners nearby relative to the public gain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

V. I (We), the applicant(s), acknowledge receipt of the instruction sheet explaining the method of submitting this application. I (We) realize that this application cannot be processed unless it is completely filled in; is accompanied by an ownership list as required in the instruction sheet; and is accompanied by the appropriate fee.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Owner

By \_\_\_\_\_  
Authorized Agent (if any)

By \_\_\_\_\_  
Authorized Agent (if any)

OFFICE USE ONLY:

VI. Application Received On: \_\_\_\_\_ (day, month, year)

Application Received By: \_\_\_\_\_

Amount of Fee Paid: \$ \_\_\_\_\_

VIII. Planning Commission Recommendation: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Reasons for Recommendation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IX. Protest Petition Filed? \_\_\_\_\_ Percent of Land: \_\_\_\_\_%

X. City Council Action: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ Vote: \_\_\_\_\_

If approved, Ordinance No.: \_\_\_\_\_ Date of Final Reading \_\_\_\_\_