

CITY OF MAQUOKETA

APPLICATION FOR REZONING

1. NAME: _____

ADDRESS: _____

TELEPHONE: _____

2. Description of real estate to be rezoned:

(a) Legal Description:

(b) Street or Local Address:

3. Names and addresses of all owners of real estate within a distance of five hundred feet (500') outside the boundaries of the area. (A list of the names and addresses of all owners on record can be obtained in the Office of County Auditor of Jackson County.)

4. Make a diagram of the area to be rezoned or attach a copy of a plat.

5. Reasons why present zoning is no longer valid and rezoning is requested:

6. Present use of Property: _____

Proposed use of Property: _____

7. Present Zoning Classification: _____

Proposed Zoning Classification: _____

I hereby declare that all of the above information to be true. I further certify that the proposed use of the above property shall not endanger the public health, safety and general welfare and that necessary safeguards will be provided for the protection of surrounding property and persons.

Signature of Applicant

INSTRUCTIONS: Fill in Paragraphs 1 through 8 of the application and file with the City Clerk. The description of the real estate can be obtained from the deed or abstract of title. It should be the legal description, such as Lot 1, Block 1, City of Maquoketa, and the street address. The names and addresses of the owners of real estate within 500' feet can be obtained from the plats in the Auditor's office at the Jackson County Courthouse. A Seventy-Five (\$75.00) Dollar fee must accompany this application to pay for the legal publications.

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Date of Public Hearing Notice: (14 days Prior to Meetings) _____

Date of Planning and Zoning Commission Meeting (s): _____

I hereby certify that the above application for rezoning was ____ Approved ____ Denied by the Maquoketa City Council on _____.

City Manager