

File #: _____
Date Received by City: _____
Fee: \$ _____

**CITY OF SHELL ROCK, IOWA
REZONING APPLICATION TO PLANNING & ZONING COMMISSION AND CITY COUNCIL**

Applicant Information:

Name of Applicant:
Applicant's Address:
Applicant's Telephone Number:
Applicant's Alternate Telephone Number (Optional):
Applicant's Fax Number (Optional):
Applicant's Email Address (Optional):

Property Information:

General Address of Property in Question (parcel number, street address or road address):
Legal Description of Property in Question (Attach, if necessary):
<i>Attach a site plan or plot plan and names of property owners within two hundred (200) feet of the property in question.</i>

Request Information:

Existing Use of Property:
Existing Zoning Classification
Proposed Use of Property:
Proposed Zoning Classification:
Reason for the Request:

Acknowledgement and Certification of the Applicant and/or Owner:

I/We understand this application, and that it with required attachments, constitutes our entire request and that a decision shall be made based on the City Comprehensive Land Use Plan and City ordinances; this application and any attachments; and public input. I/We certify that the information we have provided to the Zoning Administrator, Planning and Zoning Commission, and City Council is complete, accurate, and true to the best of our knowledge. Any intentional falsification or change in the information contained in this application, or to the attached information, shall cause: this application to become null and void; the nonrefundable fee to be forfeited; and any approved rezoning request to be revoked.

I/We understand that the nonrefundable fee for having this application considered is \$ _____. Under no circumstances shall all, or part, of this fee be refunded to applicant.

In order to address any questions or issues that may arise during this process, it is strongly suggested that the applicant/owner be present at all meetings during review of this application. Unanswered questions or unresolved issues caused by the absence of the applicant may cause the application to be rejected.

Applicant Signature

Owner Signature, if not the applicant

Date: _____

Date: _____