

# City of Iowa Falls

APPLICATION – Board of Adjustments / Variance or Special Exception



Type of request (choose one):  Variance  Special Exception

Address of request: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_

Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Variance:** specify location where variance is requested, nature of variance and what hardships exist which a variance will alleviate. Attach additional narrative, supplemental materials and drawing (to scale) which may clarify the need for a variance.

**Special Exception:** specify location and type of special exception requested. Attach additional narrative, supplemental materials and drawing (to scale) which may clarify the need for the special exception.

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FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE

Fee Amount: \$100