

# City of Iowa Falls

APPLICATION – Change in Zoning District



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

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

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

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

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

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

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

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

Has any previous application of appeal been filed in connection with this property (choose one)?  Yes  No

If yes, explain: \_\_\_\_\_

Existing use: \_\_\_\_\_

Proposed use: \_\_\_\_\_

Explanation of why present zoning is no longer appropriate: \_\_\_\_\_

**A list of all property owners, together with addresses, within 250 feet of the exterior limits of the property involved in this request, is required at time of application submittal.**

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FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE

Fee Amount: \$100