

APPLICATION FOR CHANGE OF ZONING DISTRICT BOUNDRIES
CITY OF MARQUETTE, IOWA

Name & Address of Applicant: _____

Name & Address of Landowner: _____

Address of Property: _____

Legal Description of Property: _____

Present Zoning Classification: _____

Zoning Classification Requested for the Property: _____

Existing Use of Property: _____

Proposed Use of Property: _____

Names & Addresses of all Property Owners Within 200' Feet of the Exterior Boundaries of the

Property for which the Change is Requested: _____

Statement as to why you think the current Zoning Classification is no longer valid:

Please attach a plat showing the locations, dimensions, and use of the property and all property within 200' of the exterior boundaries thereof, including streets, alleys, railroads, and other physical features.

Date: _____, 201__ _____

Applicant Signature

CITY CLERK USE ONLY

Date Received: _____, 201__

Fee Paid (\$80.00): ()

Zoning Administrator Notified: ()

Zoning Commission Notified: () Meeting Date: _____

Council Reported To: () Date of Public Hearing: _____

