

City of Peosta  
7896 Burds Road  
Peosta, IA 52068  
Tel. (563) 556-8755  
Fax (563) 588-6280

FOR OFFICE USE ONLY:  
Received by \_\_\_\_\_  
Date Received \_\_\_\_\_  
Hearing Date \_\_\_\_\_  
Fee \$ \_\_\_\_\_

PLANNING APPLICATION FORM

Planning & Zoning Commission

- \_\_\_\_\_ Preliminary Plat
- \_\_\_\_\_ Final Plat
- \_\_\_\_\_ Planned Unit Development
- \_\_\_\_\_ Rezoning
- \_\_\_\_\_ Amendments-Zoning Ord.,  
plans, etc.

Zoning Board of Adjustment

- \_\_\_\_\_ Special Permit
- \_\_\_\_\_ Variance
- \_\_\_\_\_ Appeal
- \_\_\_\_\_ Interpretation
- \_\_\_\_\_ Other

Please type or print legibly in ink.

Premises Affected – Address: \_\_\_\_\_

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

Property Owner(s): \_\_\_\_\_

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

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

Applicant/Agent: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

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

Engineer: \_\_\_\_\_

Attorney: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Total Area of the premises affected (square feet or acres): \_\_\_\_\_

Describe proposal and reason necessary (attach a letter of explanation if necessary).

Certification: I/we, the undersigned, do hereby certify that:

- a) the information submitted herein is true and correct to the best of my/our knowledge and upon submittal becomes a public record;
- b) fees are not refundable and payment does not guarantee approval; and
- c) all additional required written and graphic materials are attached.

Property Owner(s): \_\_\_\_\_ Date \_\_\_\_\_

Applicant/Agent: \_\_\_\_\_ Date \_\_\_\_\_

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MATERIALS SUBMITTED INCLUDE:

\_\_\_\_\_ Site Plan                      \_\_\_\_\_ Plat (Final/Preliminary)                      \_\_\_\_\_ Improvement Plans

\_\_\_\_\_ Conceptual Development Plan                      \_\_\_\_\_ Other: \_\_\_\_\_