



**City of Peosta**  
PO Box 65  
Peosta, Iowa 52068  
Tel. 563.556.8755

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

### PLANNING APPLICATION FORM

<u>Planning &amp; Zoning Commission</u>	<u>Zoning Board of Adjustment (\$150)</u>
_____ Preliminary Plat	_____ Special Permit
_____ Final Plat	_____ Variance
_____ Planned Unit Development	_____ Appeal
_____ Rezoning	_____ Interpretation
_____ Amendments-Zoning Ord., plans, etc.	_____ Other

*Please type or print legibly in ink.*

Premises Affected – Address: \_\_\_\_\_  
Legal Description: \_\_\_\_\_  
Property Owner(s): \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: 52002  
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: \_\_\_\_\_