



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 & 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: Asbury State: IA 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:

- the information submitted herein is true and correct to the best of my/our knowledge and upon submittal becomes a public record;
- fees are not refundable and payment does not guarantee approval; and
- 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: _____