



RE-ZONING APPLICATION

300 MAIN ST, PO BOX 259 TIFFIN, IA 52340

Applicant Information:

Name: _____

Address: _____
Street or PO Box # City State Zip Code

Phone: _____ Email: _____

Additional Contact:

Name: _____

Phone: _____ Email: _____

Property Owner (if other than applicant):

Name: _____

Address: _____
Street or PO Box # City State Zip Code

Phone: _____ Email: _____

Property Information:

Address (if no address, list name of closest streets): _____

Assessor's Parcel # (Attach Legal Description): _____

Current Zoning: _____ Requested Zoning: _____

During the review process, the Planning and Zoning Commission or City Staff may visit the property. Please sign here if the property owner does not wish to allow Commission or Staff to enter onto the property.

X _____

Signature of Applicant

Date

Submittal deadline: 14 days prior to next regularly scheduled Planning and Zoning Commission meeting.

Fees: \$300.00 Initial Re-Zoning fee. Special Meeting Request fees are \$150.00 per meeting. Additional costs that may be charged include costs above the original \$300.00 fee include Public Hearing publishing costs, Engineer and Attorney fees, and mailing costs. Applicant will be billed for additional costs and must be paid before Re-Zoning application will proceed

Include with this application:

- 1 complete copy of this application form.
- 7 scalable copies of site plan and associated documents, folded to 8.5"x11 & Acrobat "PFD" files of all materials.
- Detailed site plan of the existing use of the property and proposed use of the property, including utilities and other relevant improvements. Locations, dimensions, use of all property within the two hundred (200) feet thereof, include streets, railroads, and other physical features, North arrow and scale, size and location of existing and proposed structures and drives on the subject property, and drives on surrounding properties, contractor name and address to do work on project and date of preparation of the plan.
- Other information deemed necessary by the City Staff for the review of the proposed project

- Names of current Titleholders and their proper mailing addresses for all owners of any property within the two hundred (200) feet of the proposed amendment area, whether within or outside of the city limits. Information can be obtained from Johnson County Assessor's Office.

- Statement of the reasons why the applicant feels the present zoning classification is no longer valid.

For Staff Use:

- _____ Date application received - includes detailed site plan, list of property titleholders within 200 hundred feet, and re-zoning fee
- _____ Date complete application forwarded to Planning & Zoning Commission, Mayor, City Council, City Attorney and Engineer, Fire Chief and Building Official
- _____ Date of next Planning & Zoning Commission meeting, application must be received at least 14 days prior to the P & Z meeting
- _____ Date of second Planning & Zoning Commission meeting
- _____ Date of City Council meeting to set date for Public Hearing
- _____ Date of Public Hearing publication in Official City Paper; Public Hearing notice posted in four locations in the City of Tiffin, at least seven days and not more than 20 days prior to the Public Hearing
- _____ Date notice mailed to property owners within two hundred feet of the proposed property re-zoning
- _____ Date of Public Hearing and vote by City Council
- _____ Date of any written protests to re-zoning request
- _____ Date applicant notified of City Council decision

Miscellaneous Information:

Signature of City Official

Date