



City of Council Bluffs, Iowa
209 Pearl Street
Council Bluffs, Iowa 51503
Phone: 712-328-4629 Fax: 712-328-4915

REZONING APPLICATION

A. General information

1. Applicant:
Name: _____
Address: _____
City/State/Zip: _____
Phone/Fax/E-Mail Address: _____
Status: Property Owner _____ Legal Option Holder _____ Contract Purchaser _____ Auth Agent _____

2. Property Owner: (If not the same as applicant above)
Name: _____
Address: _____
City/State/Zip: _____
Phone/Fax/E-Mail Address: _____

3. Represented by:
Name: _____
Address: _____
City/State/Zip: _____
Phone/Fax/E-Mail Address: _____
Status: Property Owner _____ Legal Option Holder _____ Contract Purchaser _____ Auth Agent _____

- An application may be filed only by the owner(s) of the property or by a person authorized by the owner. Proof of that authorization must accompany the application.
- If more than one property owner is involved, please attach additional names and addresses to this application.
- I certify that the information presented with this application is true and correct to the best of my knowledge.

Signature

Print Name

Address

Signature

Print Name

Address

Please note that your application will not be accepted or there may be a delay in processing by the Community Development Department if any of the required information or materials are missing or improperly presented. In order to ensure that a complete application is provided and to avoid unnecessary delays in processing, please submit all required materials, i.e. signed application, fees, exhibits and/or site plans, special studies if applicable. If you have any questions regarding this application or required materials, please contact the Community Development Department at (712) 328-4629 between 8:00 a.m. and noon or between 1:00 p.m and 5:00 p.m., Monday through Friday.

B. Project Information:

1. Address or location of proposed rezoning: _____
Legal Description: (attach survey if necessary) _____

2. Land Area: _____ (acres)
3. Current Zoning Designation: _____
4. Requested Zoning Designation: _____
5. Current Land Use: _____
6. Proposed Land Use: _____
7. Reason(s) for Rezoning Request: _____

8. Attach Legal Description of Property and Survey (if requested).
9. Attach list of Property Owners/Contract Purchasers located within 200 feet of requested rezoning.
This list must include owner's name, property address, billing address and legal description.
10. Attach site plan and/or other documents that illustrate this request.
11. Include nonrefundable filing fee: \$200.
Please make check made payable to the Council Bluffs City Clerk.

For Office Use Only

Case Number: _____ Planning Commission: _____
Published: _____
Action: _____

Date Complete Application Received: _____ City Council: _____
Published: _____
Action: _____

Future Land Use Designation (Comprehensive Plan) _____
Land Use Designation amendment needed: _____

Associated Case Numbers: _____

Check Number/Amount: _____

Other Comment(s): _____

