



City of Council Bluffs, Iowa
209 Pearl Street
Council Bluffs, Iowa 51503
Phone: 712-890-5350 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
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Signature	Print Name	Address
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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) 890-5350 between 8:00 a.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: \$300.
Please make check payable to the Council Bluffs Treasurer.

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): _____

