



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

APPLICATIONS - ZONING BOARD OF ADJUSTMENT

- () **CONDITIONAL USE**
- () **VARIANCE**
- () **COMMUNICATION TOWER**
- () **ADMINISTRATIVE APPEAL**

A pre-application meeting is recommended prior to submittal

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) 328-4629 between 8:00 a.m. and noon or between 1:00 p.m. and 5:00 p.m., Monday through Friday. Municipal Code available on line at www.councilbluffs-ia.gov.

B. Project Information: See Chapter 15.27 of the Municipal Code - Board of Adjustment for specific requirements

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

2. Land Area: _____ (acres)
3. Zoning: Current: _____ Proposed: _____
4. Land Use: Current: _____ Proposed: _____
5. Statement of the Reason(s) why the conditional use or variance should be granted: _____

6. Attach list of Property Owners/Contract Purchasers located within 200 feet of the request.
This list must include owner's name, property address, billing address and legal description.
7. Attach fully dimensioned site plan, photographs, drawings and/or other supplemental information as requested by the Community Development Department to fully describe the site.
8. Attach complete plan of operation including description of activity, hours of operation, number of persons employed, number of persons expected to use the site at maximum capacity, parking, access, signage and lighting.
9. Include nonrefundable filing fee: \$200.
Please make check payable to the Council Bluffs City Clerk.

For Office Use Only

Case Number: _____ Board of Adjustment Meeting: _____
Published: _____
Action: _____

Date Complete Application Received: _____ Appeal to District Court: yes or no

Associated Case Numbers: _____

Check Number/Amount: _____

Other Comment(s): _____

