



City of Council Bluffs, Iowa  
209 Pearl Street  
Council Bluffs, Iowa 51503  
Phone: 712-890-5350  
Fax: 712-328-4915

### TEXT AMENDMENT APPLICATION

\_\_\_\_ Title 14: Subdivision      \_\_\_\_ Title 15: Zoning

#### A. General information

1. Applicant:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone/Fax/E-Mail Address: \_\_\_\_\_

2. Represented by:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone/Fax/E-Mail Address: \_\_\_\_\_

3. Proposed Text Amendment to Section: \_\_.\_\_.\_\_:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Reason for the Request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Filing fee: \$500.00

➤ I certify that the information presented with this application is true and correct to the best of my knowledge.

Signature

Print Name

Address