



CITY OF IOLA PLANNING & ZONING APPLICATION FORM

Applications Will Not Be Processed Until All Requested Information Has Been Provided

Name of Applicant: _____ Date: _____

Address: _____ Phone Number: _____

City/State/Zip: _____ Fax Number: _____

Property Owner: _____

Address: _____ Phone Number: _____

City/State/Zip: _____ Fax Number: _____

Please Select the Type of Application:

Planning Commission

Comprehensive Plan Amendment Lot Split Official Zoning Map Amendment/Rezoning
 Appeal of Administrative Action Site Plan Vacation or Dedication of Easement or Right-of-Way
 Preliminary Plat Final Plat Special Use Permit

Board of Zoning

Variance Appeal

This application is in regards to Article _____, Section _____, Paragraph _____, of the Iola Zoning Ordinance.

The Affected Property is Located at _____ in a _____ zone

The Legal Description of the Affected Property is: Lot(s) _____, Block _____, Addition _____

Describe the Existing Land Use _____

Provide a clear and accurate description of the proposed use, work, or action in which the appeal or interpretation is involved and a statement justifying the appellant's position:

(Use a separate sheet of paper if necessary)

Attach a list of the names and addresses of all property owners within 200 feet of the premises affected by this appeal.

A plot plan drawn to measurement should be submitted for new construction on the site

I further state that if the request is granted, I will proceed with the project in accordance with the submitted plan within six (6) months from the date of filing this appeal. I will abide by any restrictions, conditions, or limitations imposed by the Zoning Appeals Board, Planning Commission, or City Council.

Applicant Signature

Date

For Office Use Only:

Date Received _____

Date Advertised _____

Hearing Date _____

Received By _____

Notes _____