

**APPLICATION FOR ZONING AMENDMENT
CLINTON COUNTY, IOWA**

Applicant _____ Date _____

Address _____ File No. _____

_____ Phone _____

This application is to change the Text() Zoning Map() of the Clinton County Zoning Ordinance.

If Text Amendment, attach a copy of the proposed text change.

If Map Amendment, complete the following information:

Location of Property:

Township _____

Quarter ____ Section ____ Township ____ Range ____

Current Zoning Classification _____

Requested Zoning Classification _____

Attach a complete list providing the information required by Section 9.3.2 of the Clinton County Zoning Ordinance.

I certify that the information provided and required by Section 9.3.2 of the Clinton County Zoning Ordinance is, to the best of my knowledge, true and accurate. I further certify that I am the owner of the property; or have the authority to enter into and bind the owner of the property to these provisions; and will allow inspection property by authorized Clinton County employees as needed for review of this application.

Signed _____
(applicant)

Rezoning applications shall be accompanied by the required fee of \$100 plus \$2 per acre up to a maximum fee of \$200.

OFFICE USE ONLY

File # _____ Date Received _____

Commission Public Hearing Date _____

Board of Supervisors Public Hearing Date _____

Resolution Date _____