

Office App # _____
Use: Date _____
Twp. _____
Fee Pd _____

Grundy County, Iowa
Application for Special / Conditional Use Permit

Application is hereby made by _____
(Name)

_____ (Address)

relating to the following described premises whose post office address is:

and the legal description of which is (attach if necessary): _____

Occupancy, use or permit requested for: _____

Lot or tract area: _____ Average width of lot _____

Height of structure: stories _____ feet _____

Front yard _____ feet. Rear yard _____ feet. Side yards _____ feet and _____ feet.

Zoning district _____

List name and address of all property owners within five hundred (500) feet of the property:

1. _____

2. _____

3. _____

4. _____

5. _____

(attach separate sheet if necessary)

Note: Attach a drawing showing the current state of the area including streets, roads, physical features, buildings and their uses and the proposed state of the area including stationary equipment, buildings etc. to familiarize the Boards with the project. Return completed paperwork and a **\$250.00** check payable to Grundy County to the Zoning Administrator at 706 G Ave Grundy Center, IA 50638.

"I hereby certify under oath and under the penalties of perjury that the foregoing information is true and correct."

_____ date

_____ Applicant Signature



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Office Use Only:

Recommendation of the Grundy County Zoning Commission including hearing date:

Restrictions or conditions _____

Hearing date of Board of Adjustment: _____

Decision of Board of Adjustment: _____

Restrictions or conditions _____

Date

Signature of Zoning Board Chairman

Date

Signature of Administrative Officer

Date

Signature of Board of Adjustment Chairman

Date

Signature of Administrative Officer

- | |
|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Notify landowners<input type="checkbox"/> Public hearing in paper<input type="checkbox"/> Notice to board of adjustments<input type="checkbox"/> Attach copy of minutes from meetings to this document as a matter of public record.<input type="checkbox"/> Copy of this decision to Applicant<input type="checkbox"/> Copy of this decision to County Attorney |
|--|