



AMANA COLONIES LAND USE DISTRICT

BOX 66 AMANA, IOWA 52203 PHONE: 319-622-3840

REZONING APPLICATION

Property Owner _____

Mailing Address _____

Phone _____ Email _____

Applicant or Agent (if different from owner) _____

Mailing Address _____

Phone _____ Email _____

Architect/Engineer/Other _____

Mailing Address _____

Phone _____ Email _____

General Property Information:

Please provide the following information for each parcel in the rezoning request. If more than one zoning classification is requested, provide the acreage for each zoning district and show the dimensions of each zoning district. Attach additional sheets if necessary.

Existing Zoning	Proposed Zoning	Current Use	Proposed Use	Area (sq. ft. or acres)

Legal Description Please provide the legal description for all parcels in the rezoning request. Attach additional sheets if necessary _____

Site Location (General location if no assigned address) _____

{ Attach map/preliminary plat with 200 feet to one inch scale, including surrounding area for perspective. Include location of proposed structure(s) drawn to scale }

Existing Future Land Use Designation _____

Proposed Future Land Use Designation (if applicable) _____

Is this rezoning being requested to correct a zoning violation? ____ YES ____ NO

Are there existing structures on the property being rezoned? ____ YES ____ NO

If yes, please describe _____

Why is this rezoning request necessary? (Please use additional sheets if necessary.) _____

Please describe how the project will be designed to be compatible with adjoining development or surroundings.

ALL OWNERS MUST PROVIDE A SIGNATURE TO THE REZONING REQUEST.

_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date