



CASE # _____

FEE: \$200.00

APPLICATION FOR ZONING MAP AMENDMENT

Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone #: _____

Legal description of area to be rezoned (1/4 1/4 section-township-range)

Present Use: _____

Present Zoning (*please check*): A-1 B-1 I-1 I-S R-3 R-5 R-6

Proposed Zoning (*please check*): A-1 B-1 I-1 I-S R-1 R-6

I verify I have discussed the proposed zoning map amendment with the Planning & Zoning Administrator and understand the permitted uses for the property, if rezoned, and that the above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

This application must be accompanied by the filing fee made payable to Harrison County Zoning. Please return the completed application to:

Harrison County Zoning
301 North 6th Ave.
Logan, Iowa 51546
Ph: 712-644-2302
Fax: 712644-3844