

BOARD OF ADJUSTMENT APPLICATION

Community Development

110 North 1st Street, Indianola, Iowa 50125-0299
 (515) 961-9430 • comdev@indianolaiowa.gov



PROPERTY OWNER

(Last Name) _____
 (First Name) _____
 (Address) _____
 (City) _____ (State) _____ (Zip) _____
 (Phone) _____ (Email) _____

APPLICANT (if not Property Owner)

(Last Name) _____
 (First Name) _____
 (Address) _____
 (City) _____ (State) _____ (Zip) _____
 (Phone) _____ (Email) _____

APPEAL

Submittal Requirements:

*All submittal requirements must be completed.
 Incomplete applications will not be considered*

- Completed Application
- Filing Fee: \$300 per request
- Written narrative indicating where it is alleged there is error in any order, requirement, decision, or determination made by the Administrative Officer in the enforcement of this Code of Ordinances of Indianola, Iowa .
- Other Information as required by Director

SPECIAL USE PERMIT

Submittal Requirements:

*All submittal requirements must be completed.
 Incomplete applications will not be considered*

- Property Address:

- Completed Application
- Filing Fee: \$300 per request
- Site Plan and Elevations as outlined in 165.06
- Written narrative indicating the special use permit sought and response to the criteria outlined in Section 165.02(3)(B)(3)(c)(v) of the Code of Ordinances of Indianola, Iowa
- Other Information as required by Director

VARIANCE

Submittal Requirements:

*All submittal requirements must be completed.
 Incomplete applications will not be considered*

- Property Address:

- Completed Application
- Filing Fee: \$300 per request
- Site Plan and Elevations
- Written narrative indicating justification for proposed variance and response to the criteria outlined in Section 165.02(3)(B)(3)(b) of the Code of Ordinances of Indianola, Iowa
- Other Information as required by Director

I certify that the information and exhibits submitted are true and correct to the best of my knowledge and that in filing this application I am acting with the knowledge, consent and authority of the owner(s) of the property. Pursuant to said authority, I hereby permit City officials to enter upon the property for the purpose of inspection related to this application.

Signature _____

Name (printed) _____

Date _____

FOR OFFICE USE ONLY:

Code to 45180

Date Received: _____

Receipt No: _____

Receipt Amount: _____

BOA Agenda Date: _____