

LAND USE CHANGE 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) _____

COMPREHENSIVE PLAN AMENDMENT

Submittal Requirements:

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

- Completed Application
- Property Address: _____
- Filing Fee: \$300
- Current Designation: _____ Proposed Designation: _____
- A plat showing the locations, dimensions and use of the property and all property within two hundred (200) feet thereof, including streets and other physical features
- Written justification for proposed amendment
- Other Information as required by Director

REZONING

Submittal Requirements:

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

- Completed Application
- Property Address: _____
- Filing Fee: \$300
- Current Zoning: _____ Proposed Zoning: _____
- Legal description (electronic in word format)
- All items as required by Section 165.39 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 45989 (Rezoning)
45681 (Comp Plan)

Date Received: _____

Receipt No: _____

Receipt Amount: _____