

# City of Arnolds Park, Iowa Petition to Change Zoning Classification

Phone: (712) 332-2341      156 N. Highway 71      Arnolds Park, Iowa 51360      Office Hours: 9am – 5pm

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## 1. APPLICATION IS MADE BY:

Name: \_\_\_\_\_ owner/developer/agent  
*(Please circle one)*

If applicant is not the owner, please list owner's name and address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone or Contact Number: \_\_\_\_\_

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## 2. PREMISIS IS LOCATED AT:

The undersigned is the (owner) (contract purchaser) (option purchaser) of the below described property located at (Street Address) \_\_\_\_\_

Legal Description \_\_\_\_\_ (Lot) \_\_\_\_\_ (Block) \_\_\_\_\_ (Subdivision)

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## 3. REQUEST FOR REZONING:

Current Land Use:  Agriculture    Residential    Commercial    Industrial  
 Civic/Public    Vacant    Other: \_\_\_\_\_

Current Zoning: \_\_\_\_\_      Lot Area: \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_      Proposed Land Use: \_\_\_\_\_

**Statements of Justification:** Describe below the responses to each of the following questions:

1. Project Description: Describe, in detail, the nature of the proposed project for which the rezoning is being requested \_\_\_\_\_  
\_\_\_\_\_

2. A statement of the reasons why the applicant feels the present zoning is no longer appropriate. \_\_\_\_\_  
\_\_\_\_\_

**Site Plan Required:** A site plan, identifying all proposed lots and access must be attached and made part of this petition. The site plan shall clearly show the property under consideration and ALL properties within 200 feet of the property under consideration. The property boundaries and property legal description shall be based on actual survey or legal description of record.

**Surrounding Owners:** Attach a list of names and addresses of ALL property owners of record within 200 feet of the property under consideration.

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**Required Fee:** This petition shall be accompanied by a non-refundable Rezoning Fee of \$ \_\_\_\_\_ payable to the City of Arnolds Park.

**4. CERTIFICATION:**

The undersigned applicant, by signature, indicates his/her agreement to the conditions outlined in this permit, and will adhere to the Arnolds Park Zoning Regulations. The applicant also acknowledges and certifies under oath that the foregoing information is true and correct.

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*Signature of Applicant/Owner/Developer (or Authorized Representative)*

*Date*

ARNOLDS PARK PETITION TO CHANGE ZONING DISTRICT (FOR USE BY THE CITY OF ARNOLDS PARK ONLY)

This application presented by the applicant has been reviewed for compliance with the Arnolds Park Zoning Ordinance.

This petition for zoning change is:  Approved  Denied as presented on this date: \_\_\_\_\_

Signed: \_\_\_\_\_ Arnolds Park Zoning Administrator

Copy Sent to Applicant on: \_\_\_\_\_

Change of Zone Fee Paid:  Yes  No \$ \_\_\_\_\_