



APPLICATION FOR VARIANCE

INSTRUCTIONS: Please complete the entire application. Failure to complete this form in detail may result in delays in processing your variance.
Those lines that begin with (*) are for city staff to complete.

Name: _____ Date: _____

Company Name: _____

Address: _____

Phone: _____

Email Address: _____

Address for Variance: _____

Create a simple plat map of the area or attach a copy of plat.

Reason for Variance: _____

Present Use of Property: _____

Proposed Use of Property: _____

Parcel Number: _____

Zoning Classification: _____

(*) Legal Description:

(*) The owner requests a variance to the following sections of the City's Ordinances:

I HEREBY declare all of the above information to be true

Signature of Applicant

Date

APPLICATION FEE: License Fee of \$75.00 must be paid at time application is filed.

Receipt # _____ taken by (initials) _____.

Date of Public Hearing Notice: _____

Date of Zoning Board of Adjustment Meeting: _____

I HEREBY CERTIFY that the above application was () approved, () denied by the Zoning Board of Adjustment on the _____ day of _____, 20____.

CITY OF MAQUOKETA, IOWA

CITY MANAGER