GET TO KNOW Newton

Planning & Zoning
Application
Rezoning

Submitted Date_____

Fee: $100.00

Date Paid_____

Receipt #_____

File #RZ_____

Planning & Zoning Department
1700 N. 4th Ave. W.
Newton, IA 50208-1926
641-792-6622 FAX 641-792-0670
www.newtongov.org

Name of Applicant	Mailing Address	Daytime Telephone
Name of Owner	Mailing Address	Daytime Telephone

Address of Property: _____ Number of Acres _____

Legal Description:_____

We (I), the undersigned, owner(s) of the property described below, do hereby respectfully petition your Honorable Body to amend the present Zoning Ordinance as hereinafter designated, and in support thereof, the following facts are presented:

1) That it is requested and desired that the foregoing property be rezoned from the

_____District to the

_____ District.

2) That the reasons for requesting the change are as follows:

_____

Signature of Applicant _____ Date _____

Revised 2-14