GET TO KNOW Newton

Zoning Board of Adjustment
Application
Variance

Submitted Date_____

Fee: $100.00

Date Paid_____

Receipt #_____

File #V_____

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
Name of Agent	Mailing Address	Daytime Telephone

Location of premises affected by this variance: _____

Legal Description: _____

The Board is requested to grant a variance from Sec. _____ for the following reasons:

_____

The following items must be submitted with application unless specified by the City Planner:

1) Site Plan
2) Building Plans
3) Petition signed by supporters of proposal [optional]
4) Application Fee

_____ Signature of Applicant

_____ Date

Revised 2-14