GET TO KNOW Newton

Planning & Zoning
Application
Zoning Ordinance Amendment

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 _____

We (I), the undersigned, owner(s) of property in Newton, do hereby respectfully petition to amend the present Zoning Ordinance as requested below.

1) That it is requested and desired that the language of the _____ Zoning District/s be amended to allow for the following use/s to be Permitted / Conditional (Circle one):

_____

_____ .

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

_____

_____

_____

Signature of Applicant _____ Date _____

Revised 2-14