

**APPLICATION / APPEAL TO ZONING BOARD OF ADJUSTMENT**

OFFICE HOURS:

MONDAY – FRIDAY

9AM-12NOON & 1-5PM

LOUISA COUNTY ZONING DEPT.

805 James L Hodges Ave N

WAPELLO, IA

52653

bthyeruss3@gmail.com

TEL: 319-523-3331

APPLICATION FEE: \$

NAME OF PROPERTY OWNER

(PLEASE PRINT OR TYPE)

PHONE #

ADDRESS

ADDRESS

**SITE / PROPERTY LOCATION INFORMATION:**

PARCEL #: \_\_\_\_\_ ACRES/AREA: \_\_\_\_\_

E911 LOCATION ADDRESS OF PROPERTY: \_\_\_\_\_

LEGAL DESCRIPTION: SECTION: \_\_\_\_\_ TWP: \_\_\_\_\_ RANGE: \_\_\_\_\_

ADDITIONAL LEGAL DESCRIPTION OF PROPERTY

The applicant / appellant request the following:

- \_\_\_\_\_ Special Exception Use Permit
- \_\_\_\_\_ Interpretation of Zoning Maps
- \_\_\_\_\_ Variance: Reduction of front, side or rear yard requirements
- \_\_\_\_\_ Other (please specify)
- \_\_\_\_\_ Special Exception Temporary Use Permit
- \_\_\_\_\_ Review Decision of Zoning Administrator

State reasons for request or reasons for proposed changes below:

I certify that the above information is true and correct to the best of my knowledge and that all work will be completed in accordance with the Louisa County, Iowa, Code. I hereby consent to allow a site inspection of the location specified above to verify land use and compliance with the regulations of the Louisa County Zoning Ordinance.

SIGNATURE OF APPLICANT

DATE

OWNER / BUILDER / AGENT  
(Relationship to property owner)

NAME OF APPLICANT (PLEASE PRINT OR TYPE)

ADDRESS OF APPLICANT

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*  
\$ APPLICATION FEE RCVD: CK# \_\_\_\_\_ RCPT# \_\_\_\_\_ TREAS.RCPT# \_\_\_\_\_

ACTION BY ZONING BOARD OF ADJUSTMENT: