City of Windsor Heights

www.windsorheights.org

1145 66th Street, Suite 1 • Windsor Heights, Iowa 50324 • 515-279-3662 • Fax 515-279-3664

CONDITIONAL USE PERMIT APPLICATION

Date of Submission:_____ Fee Amount: $200_____ Application No. _____

The Conditional Use and Special Use Permit Procedures provide for Planning and Zoning Commission review and discretionary Board of Adjustment action for uses within zoning districts which have unusual site development or operating characteristics that could adversely affect surrounding properties.

***** Attach any graphic information, including site plans, elevations, other drawings, or other materials determined by the Zoning Administrator to be necessary to describe the proposed use to approving agencies.***

***** Provide names, property addresses, and mailing addresses of all surrounding property owners within 200 feet for residential projects or 300 feet for commercial projects of the subject property. Intervening streets and alleys are not to be included in computing the 200 and 300 feet requirement. Names and mailing addresses can be obtained by contacting the Polk County Recorder and providing the property addresses. You do not need to obtain these property owners' permission.***

Applicant Name: _____

Applicant Address: _____

Applicant Phone Number: _____

Property Owner: _____

Property Address, Zoning Classification, & Legal Description: _____

_____

_____

A description of the nature and operating characteristics of the proposed use.

_____

_____

_____

_____

A written statement as to how the proposed project fits within the character of the neighborhood and that meets the intent of the City's Comprehensive Plan.

_____

_____

_____

Abutting Property Owner Names and Addresses:

1. _____

2. _____

3. _____

4. _____

The undersigned hereby certifies that all information provided is complete and accurate to the best of undersigned's knowledge, and that all information required by this application or by the Board's staff on its behalf has been provided.

Printed name of applicant:_____

Signature of applicant:_____ Date:_____

Note: The Applicant or an authorized agent must personally be present for the request before the Planning and Zoning Commission and Board of Adjustment meetings.

Please contact the Zoning Administrator to obtain a list of meeting dates and submittal deadlines. 515-645-6826.