City of Windsor Heights

www.windsorheights.org

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

PETITION TO AMEND THE OFFICIAL ZONING MAP

Date of Submission:_____ Fee Amount: $125

PETITIONER NAME: _____

PETITIONER ADDRESS: _____

Name

_____

Address

_____

City State Zip

_____

Phone Fax Email

PROJECT LOCATION: _____

(street address or project location)

PROPERTY OWNER: _____

Name

_____

Address

_____

City State Zip

_____

Phone Fax Email

REQUEST: _____

Current Property Zoning Classification Requested Zoning Classification

_____

Proposed Use

_____

_____

LEGAL DISCRIPTION
OF PROPERTY: _____

_____

CERTIFICATION:

An application may be filed only the owner(s) of the property or by a person with the power of attorney from the owner authorizing the application, or by the attorney-at-law representing the owner. Indicate your authority.

I/We_____ _____ being duly sworn, depose and say that I/We, am/are the owner/owners of part (or all) of the property involved and that this application has been prepared in compliance with the requirements of the City of Windsor Heights City Code as printed herein and the statements and information above referred to are in all respects true and correct to the best of my/our knowledge. In addition I/We authorize the City of Windsor Heights to erect and install a notification sign on the subject property to inform the general public of the upcoming public hearing pursuant to Chapter 177.04.

_____ _____

SIGNATURE PLEASE PRINT

_____ _____

SIGNATURE PLEASE PRINT

Mailing Address:

Subscribed and sworn to before me on this _____ day of _____ 20_____.

_____

NOTARY PUBLIC