

Monona County Petition To Amend Zoning District Application

APPLICANT IS RESPONSIBLE FOR ANSWERING ALL INFORMATION ON THIS FORM AND ATTACHING ALL REQUIRED DOCUMENTATION. AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT UNPROCESSED.

Notice to Applicants: “Spot Zoning results when the restrictions on the use of a small island of property is different from those restrictions imposed on the surrounding property. In determining whether there is a reasonable basis for spot zoning, the Iowa Supreme Court considers whether the rezoning is consistent with the comprehensive plan, the size of the spot zoned, the uses of the surrounding property, the changing conditions of the area, the use of which the subject property has been put and its suitability and adaptability for various uses.”

The Petitioner is responsible for answering all criteria listed below. Attach a separate, legible and reproducible written narrative addressing each criteria. Thoroughly explain the facts supporting your answers to each of criteria.

- 1. Project Description:** Describe, in detail, the nature of the proposed project for which the rezoning is being requested.
- 2. Conformance to Adopted Plan:** Demonstrate the conformance of the proposed zoning to the adopted County Comprehensive Plan and County Comprehensive Land Use Map.
- 3. Conformance to District Intent:** Demonstrate the conformance of the proposed use and zoning to the Statement of Intent for the District, and conformance of the proposed project to the District requirements.
- 4. Compatibility with Surrounding Area:** Demonstrate the compatibility of the proposed zoning and project with the character of the immediate vicinity and with the potential development and use of adjacent property.
- 5. Environmental Protection:** Describe the suitability's and limitation imposed by the site's natural resources for the proposed project and for potential development under the requested zoning classification. Describe measures to mitigate development impacts and/or protect environmental resources.
- 6. Facilities and Services:** Describe the impacts of the proposed project on public/private facilities and services including, as appropriate, transportation, water, waste treatment and police or fire protection.
- 7. General Site Plan Required:** A General Site Plan, which identifies all proposed lots and access drawn to scale must be attached and made part of this petition. The Site Plan shall clearly show the property under consideration and shall show all properties within 500-feet of the property under consideration. The property boundaries and property legal description shall be based on actual survey or legal description of record. The petition needs to be signed by the owners of 50% of the area of all real estate included within the boundaries of said tract as described in the petition.
- 8. Zoning Restrictions:** Please note any zoning restrictions to be included in the petition to amend. The Monona County Zoning Commission or Board of Supervisors may add further restrictions as deemed necessary prior to approving the amendment.
- 8. Surrounding Owners:** Attach a list of names and addresses of all property owners of record within 200-feet of the property under consideration is currently zoned residential. All other zoning districts, owners of record within 500-feet of the property under consideration. ***Key the names to properties on the Site Plan.***
- 9. Required Fee:** This petition shall be accompanied by a non-refundable Rezoning Fee of **\$200.00**, payable to the Monona County Treasurer. Return the above information and fee to the Zoning Administrator when application is completed.

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Petitioner Information:

(If multiple landowners are involved in this petition, attach a separate sheet with the following information)

Name: _____

Mailing Address: _____

City State Zip Code

Phone: _____ Email: _____

Are you the Property Owner: Yes _____ No _____ (if no, please complete the information below)

Property Owner Name: _____

Address: _____ Phone: _____

Email: _____

General Property Location:

Quarter/Quarter _____ Section: _____ Township _____ Range _____

Township Name: _____ Parcel ID No: _____

Current Land Use:

_____ Agriculture – Crop Production _____ Residential (non-farm) _____ Vacant Land _____ Other

_____ Agriculture – Pasture/Livestock _____ Agriculture-Farmstead _____ Industrial/Commercial

Current Zoning: _____ Lot Area: _____

Zoning Amendment Information:

Proposed Zoning: _____

Propose Use: _____

Future Land Use (according to Monona County Comprehensive Plan): _____

Is a Comprehensive Plan Amendment required: Yes _____ No _____

Zoning Restrictions: _____

The undersigned Petitioner certifies under oath that the foregoing information is true and correct.

Owner Date Agent Date

For Office Use Only

Petition No: _____ Complete Application: Yes _____ No _____ Comp Plan Amendment: Yes _____ No _____

Date Petition Received: _____ Fee Receipt No: _____ Received by: _____

Recommendation by the Zoning Commission _____ Approve _____ Deny _____ Date _____ Chairman _____

Public Hearing Date: _____

Added Zoning Restrictions: Yes _____ No _____

Action on Petition by the Board of Supervisors _____ Approve _____ Deny _____ Date _____ Chairman _____

Public Hearing Date: _____

Added Zoning Restrictions: Yes _____ No _____