Form 1: Application for Rezoning

City of Iowa City Planning & Zoning Commission, (319)356-5230 • www.ICgov.org/PCD

	Property Information
Applicant Information	Address (if no address list name of closest street)
Applicant	
Name	Assessor's Parcel #
AddressZIP	Property size
Phone	
email	Current property zoning
	Requested zoning
Contact Person (if other than Applicant)	Application Requirements Checklist
Name	Please attach the following items. Additional materials may be required during the review process. Failure to submit
AddressZIP	complete application materials may result in delays in
Phone	processing, so please use the following checklist to confirm that your application is complete.
email	I. □ Legal description of the property (if more than
Property Owner (if other than Applicant)	25 words, deliver or email electronic version to PlanningZoning@iowa-city.org)
Name	2. □ Location map of the property outlining the area to be
AddressZIP	rezoned.
Phone	3. I Neighboring Property Listing of all properties, within 300' of parcel, to be submitted as an Excel file to
email	PlanningZoning@iowa-city.org, that includes all of
	the following information:All Property Addresses (including Multi-
	Residential unit numbers)
During the review process, City staff and the Planning and Zoning Commission may visit the property. If the property	Property ClassParcel Numbers
owner does not wish to allow staff or Commission to enter	 Mailing Names Mailing Addresses 1 / Mailing Addresses 2
onto the property, please sign here:	Mailing Cities
	Mailing Zip Codes
	Property Owner information may be obtained from the Johnson Co. Auditor's Office or at http://iowacity.
	iowaassessors.com/search.php. Note: Unit numbers MUST be included for all Multi-Residential Parcels.
The City has a Good Neighbor Policy that encourages	4. □ Application fee
applicants to meet with neighbors prior to submitting an application. Copies of the policy are attached to this	5.
application form or are available from the Department of	warranted, considering factors such as compatibility with surrounding development, adequacy of public
Planning and Community Development. Please check one of the following:	infrastructure and facilities, and compliance with the
C C	Comprehensive Plan. (attach extra pages if necessary)
□ Applicant plans to use the Good Neighbor Policy.	FOR STAFF USE: Date submitted
□ Applicant chooses not to use the Good Neighbor Policy.	Case #
	\$ fee paid on (date)
	Application received by
	□ Copy to App. □ Copy to NDS □ Original to City Clerk