Form 3: Application for Annexation and Zoning

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

Return Completed Form To: City Clerk, City of Iowa City, 410 E. Washington St., Iowa City, IA 52240

Applicant Information	Property Information
Applicant Information	Address (if no address list name of closest street)
Applicant	
Name	Assessor's Parcel #
AddressZIP	Property size
Phone	Current property zoning
email	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 complete application materials may result in delays in processing, so please use the following checklist to confirm that your application is complete.
AddressZIP	
Phone	
Property Owner (if other than Applicant)	Legal description of the property (if more than 25 words, deliver or email electronic version to PlanningZoning@iowa-city.org)
Property Owner (if other than Applicant)	□ Location map of the property outlining the area to be
Name ZIP	rezoned.
	3. ☐ Neighboring Property Listing of all properties, within
Phoneemail	300' of parcel, to be submitted as an Excel file to PlanningZoning@iowa-city.org, that includes all of the following information:
During the review process, City staff and the Planning and Zoning Commission may visit the property. If the property owner does not wish to allow staff or Commission to enter onto the property, please sign here:	 All Property Addresses (including Multi-Residential unit numbers) Property Class Parcel Numbers Mailing Names Mailing Addresses 1 / Mailing Addresses 2 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 applicants to meet with neighbors prior to submitting an application. Copies of the policy are attached to this application form or are available from the Department of Planning and Community Development. Please check one of the following:	4. ☐ Application fee
	5. Applicant's statement as to why the zoning change is warranted, considering factors such as compatibility with surrounding development, adequacy of public infrastructure and facilities, and compliance with the 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