

Form 5: Application for Subdivision - Preliminary Plat

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

Name _____
Address _____ ZIP _____
Phone _____
email _____

Contact Person (if other than Applicant)

Name _____
Address _____ ZIP _____
Phone _____
email _____

Property Owner (if other than Applicant)

Name _____
Address _____ ZIP _____
Phone _____
email _____

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:

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:

- Applicant plans to use the Good Neighbor Policy.
- Applicant chooses not to use the Good Neighbor Policy.

Property Information

Address (if no address list name of closest street) _____
Assessor's Parcel # _____
Property size _____
Current property zoning _____
Requested zoning _____

Application Requirements Checklist

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.

1. 13 full-size copies and one 8.5x11" copy of preliminary plat, which shall be drawn to the scale of 1"=50'; UNLESS the resultant drawing would be larger than 24"x3", then the plat shall be submitted at a scale of 1"=100'. The plat must show:

- a. Location map of the property showing the subdivision name and an outline of the area to be subdivided.
 - b. Legal description (if more than 25 words, deliver or email electronic version to PlanningZoning@iowa-city.org).
 - c. Acreage and name of proposed subdivision.
 - d. Name and address of owner, and person(s) who prepared the plat, owner's attorney, representative, or agent, if any, and date prepared.
 - e. North point and graphic scale.
 - f. Contours at 5' intervals or less.
 - g. Locations of existing lot lines, streets, public utilities, water mains, sanitary sewers, storm sewers, drain pipes, culverts, watercourses, bridges, railroads, buildings, Storm water detention facilities, and any other public improvements in the proposed subdivision.
 - h. Existing streets and utilities on adjoining properties.
 - i. A cross-section of the proposed streets and alleys showing the roadway locations, the type of curb and gutter, the paving and sidewalks to be installed.
 - j. The layout of proposed water mains and sanitary sewers.
 - k. The drainage of the land, including proposed storm sewers, ditches, swales, culverts, bridges, storm water management facilities, and other structures.
 - l. A signature block for endorsement by the City Clerk certifying the City Council's approval of the plat
2. A grading plan pursuant to the Grading Ordinance.
 3. Plans and proposed methods for the prevention and control of soil erosion pursuant to the City requirements
 4. For properties containing regulated sensitive lands or features as specified in Article 14-51 of the City Code, a Sensitive Areas Development Plan must be submitted pursuant to City requirements.
 5. Neighboring Property Listing of all properties, within 300' of parcel, to be submitted as an Excel file to PlanningZoning@iowa-city.org, that includes all of the following information:
 - 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.

6. Application fee

FOR STAFF USE: Date submitted _____

Case # _____

\$ _____ fee paid on _____ (date)

Application received by _____

- Copy to App. Copy to NDS Original to City Clerk