## Form 8: Application for Comprehensive Plan Amendment

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

Annlinent Information	Application Requirements Checklist
Applicant Information  Applicant  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	Location map and general description of the area for which
Phone	the change is requested. The applicant may use copies of
email	the Comprehensive Plan maps or District Plan maps to illustrate the changes proposed.
Contact Person (if other than Applicant)  Name	If the requested change is to the text of the Comprehensive Plan, please provide the name of the Comprehensive Plan or District Plan and a copy of the text that is proposed to be changed.
AddressZIP	3. ☐ Application fee
Phone	4.   Applicant's statement providing evidence that the proposed change to the Comprehensive Plan meets
email	the following approval criteria:
Property Owner (if other than Applicant) Name	a. Circumstances have changed and/or additional information or factors have come to light such that the proposed amendment is in the public interest.
Name ZIP	b. The proposed amendment will be compatible with
	other policies or provisions of the Comprehensive
Phone	Plan, including any District Plans or other amendments thereto.
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:	<ul> <li>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:</li> <li>All Property Addresses (including Multi-Residential unit numbers)</li> <li>Property Class</li> <li>Parcel Numbers</li> <li>Mailing Names</li> <li>Mailing Addresses 1 / Mailing Addresses 2</li> </ul>
	<ul><li>Mailing Cities</li><li>Mailing Zip Codes</li></ul>
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:	Property Owner information may be obtained from the Johnson Co. Auditor's Office or at iowacity.iowaassessors.com/search.php. Note: Unit numbers MUST be included for all Multi-Residential Parcels.
☐ 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