



CITY OF CARLISLE, IOWA REZONING APPLICATION

(Please print. Any Non-Legible Application Can Be Rejected.)

1. \$50.00 Fee (Due Upon Application) Receipt No. _____
2. Applicant: _____
3. Contact Name: _____
4. Phone number: _____ E-Mail: _____
5. Property Address: _____
6. Legal Description: _____

7. Present Zoning: R-____ C-____ M-____ A-____ Other: _____
8. Proposed Zoning: R-____ C-____ M-____ A-____ Other: _____
9. Zoning on Future Land Use Plan: _____
10. Present Use: _____
11. Proposed Use: _____
12. At Least 50 Percent of Property Owners in Area to be Rezoned Must Sign Petition
(Use Extra Sheet if Needed)

Printed Name	Address	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. At Least 50 Percent of Property Owners within 300 Feet of Area to be Rezoned Must Sign Petition (Use Extra Sheet if Needed)

Printed Name	Address	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Printed Name

Address

Signature

14. Attach a statement of reasons why the present zoning classification is no longer valid.

15. Attach a drawing or plat showing

- Location
- Dimensions
- Use(s) of the applicant's property and **all properties within 300'** of the property to be rezoned.
- Please include all streets, alleys, railroads, utility easements and other physical features.

**16. All items are required for the application to be considered complete.
Incomplete application will not be moved to review until complete.**

DATE

APPLICANT'S SIGNATURE

*Can use Assessor's website for property information and map requirements.