

DELAWARE COUNTY PLAN AMENDMENT APPLICATION FORM

FOR ZONING OFFICE USE ONLY – APPLICATION SUBMITTAL CHECKLIST: Existing Zoning: _____ Floodplain: _____				
Fee Paid: _____ Site Plan _____ Date: _____ BOA Docket #: _____ ZC Case #: _____ Zoning Permit #: _____				

PROPERTY OWNER	MAILING ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS		DAYTIME PHONE	CELL PHONE	
APPLICANT	MAILING ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS		DAYTIME PHONE	CELL PHONE	
SITE LOCATION/ADDRESS		ZONING	ESTIMATED COST	
BRIEF LEGAL DESCRIPTION		PARCEL ID NUMBER(S)		
EXISTING USE(S)		PROPOSED USE(S)		
DESCRIPTION OF PROPOSED PROJECT (ATTACH A LETTER OF EXPLANATION, IF NEEDED):				
<p>PLAN AMENDMENT CHECKLIST: All information listed is required for a complete application.</p> <ol style="list-style-type: none"> 1. The application fee and a dated signed application form with the name, address, phone number, email of the applicant and the owner; requested site information; and a description of the proposed project. 2. Completion of the Plan Amendment Questionnaire on page 2. 3. For proposals to change the Future Land Use Map designation for a particular site, include a map depicting the site location and surrounding properties within 500 feet of the subject property. 4. <i>It is the property owner’s responsibility to locate property lines and review the abstract for easements and restrictive covenants, and to contact Delaware County about the need for well and septic system permits, a 911 rural address, and a driveway permit for a new home or a new commercial/industrial structure.</i> <p style="text-align: center;">NO WORK SHALL COMMENCE PRIOR TO ISSUANCE OF ZONING PERMIT</p> <p>I hereby certify that I have read and examined this application and know the same to be true and correct, and that the new construction and use will comply with all provisions of the Zoning Ordinance and other applicable building and health ordinances of Delaware County, and no subsequent modifications shall be made to the occupancy, use, method or operation that would be in violation of the Zoning Ordinance or other applicable building and health ordinances of Delaware County.</p>				
SIGNATURE OF APPLICANT			DATE	
SIGNATURE OF OWNER			DATE	

Return completed application with fee and any other required materials to:

Alex Linderwell, Zoning Administrator, Delaware County Courthouse, 301 E Main Street, Manchester, IA 52057
 Phone number: (563) 927-5925 Email: alinderwell@co.delaware.ia.us

PLAN AMENDMENT QUESTIONNAIRE

PLAN AMENDMENT STANDARDS FOR REVIEW:

Section 7.06 B. Standards for Review. The Zoning Commission shall review the proposed ordinance amendment for conformance to the following standards for review. The applicant should respond to each question below.

1. Are the current Comprehensive Plan provisions valid? Why or why not?

2. Is there a need for the modifications for the purpose requested? Explain why.

3. Is the proposed amendment consistent with the Comprehensive Plan? Explain how.
