

## DELAWARE COUNTY REZONING APPLICATION FORM

<b>FOR ZONING OFFICE USE ONLY – APPLICATION SUBMITTAL CHECKLIST:</b> 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><b>REZONING CHECKLIST: All information itemized below is required for a complete application.</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>2. Completion of the Rezoning Questionnaire on page 2.</li> <li>3. For proposals to build a new structure or build an addition to an existing structure, a site plan is required showing location and dimensions of property lines, existing and proposed primary and accessory structures, and other project information (see sample site plan on page 3).</li> <li>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></li> </ol> <p style="text-align: center;"><b>NO WORK SHALL COMMENCE PRIOR TO ISSUANCE OF ZONING PERMIT</b></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](mailto:alinderwell@co.delaware.ia.us)

**REZONING QUESTIONNAIRE**

What is the Future Land Use Map Designation of the site? \_\_\_\_\_

<b>Relationship to 2012 Delaware County Comprehensive Plan</b>				
<b>How would the rezoning impact each Land Use Goal?</b>	<b>+</b>	<b>-</b>	<b>?</b>	<b>N/A</b>
Plan for the future and orderly development within a regional context.				
Protect viable land for agriculture.				
Recognize agricultural lands outside the urban fringe areas as an important natural resource of the region, and to preserve agricultural soils that have historically exhibited high crop yields and are considered most suitable for agricultural production.				
Discourage development of productive agricultural soils by nonfarm uses in the non-fringe areas.				
Encourage farming techniques and soil conservation practices that will protect and conserve top soil and prevent degradation of water resources.				
Minimize conflicts between agriculture and non-farm rural development.				
Promote the protection, preservation, and enhancement of bluffs, prairies, wetlands, waterways, scenic views, vegetation, wildlife, and natural areas.				

+ is positive    -- is negative    ? is unknown    **N/A** is not applicable

**REZONING STANDARDS FOR REVIEW:**

**1. Is the current zoning district classification of the property to be rezoned valid? Why or why not?**

\_\_\_\_\_

**2. Is there a need for additional land zoned for the purpose requested? \_\_\_\_\_ Why?**

\_\_\_\_\_

**3. What impact would the rezoning have on a population density or development in the area?**

\_\_\_\_\_

**4. What impact would the rezoning have on demand for services and utilities for the area?**

\_\_\_\_\_

**5. Is the capacity of services and utilities planned for the area enough for the rezoning?**

\_\_\_\_\_

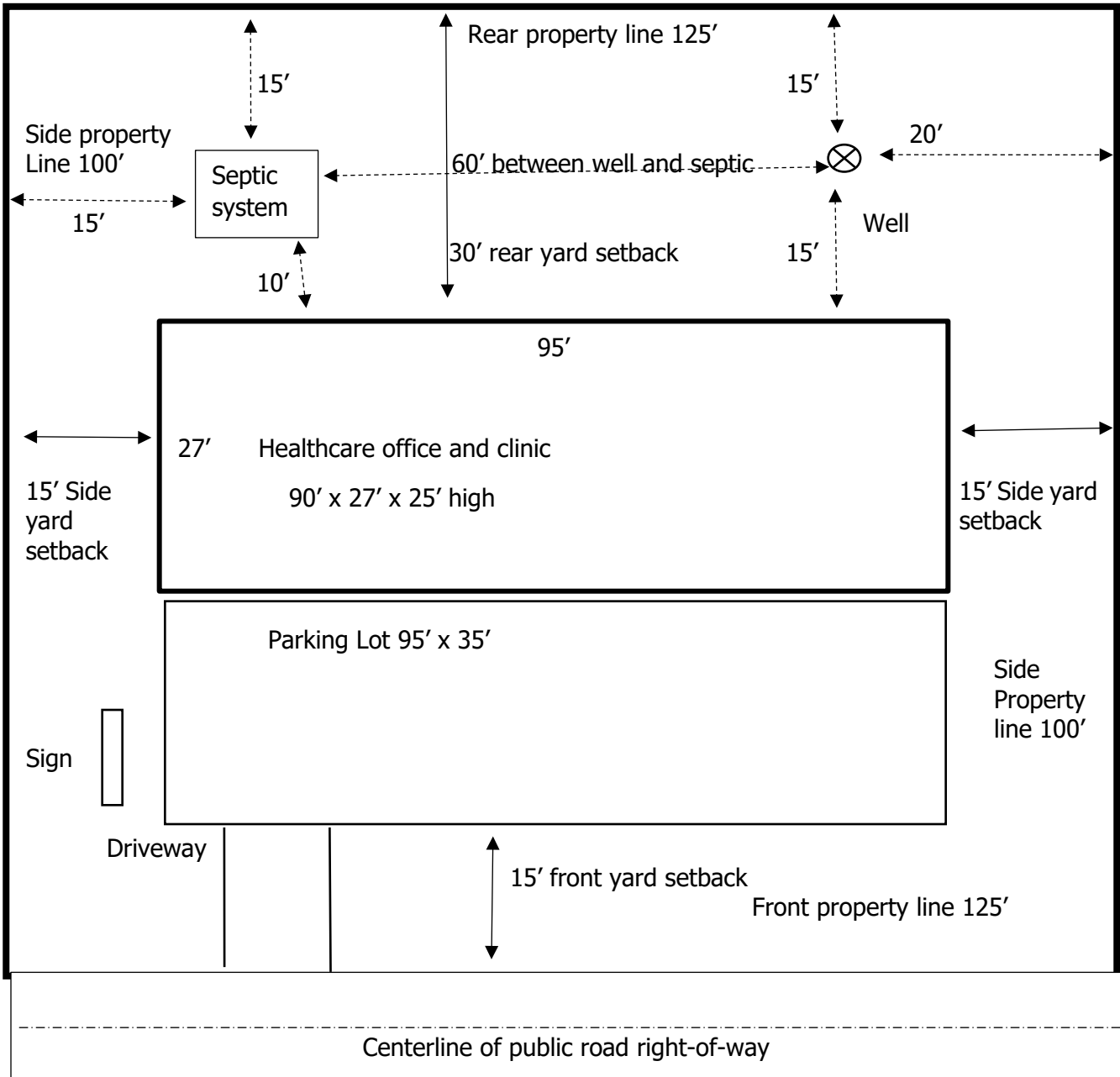
**6. What impact would the rezoning have in generating traffic on existing or planned streets in the vicinity?** \_\_\_\_\_

**What street improvements will be needed?** \_\_\_\_\_

**7. Does the applicant intend to develop the property to be rezoned diligently and within a reasonable time? \_\_\_\_\_ Explain how this will be done.**

\_\_\_\_\_

**SAMPLE SITE PLAN: Rezoning Application**



Proposal: Rezone from R-1 Residential to C-2 General Commercial to build new healthcare office and clinic

Site Address: 12345 225<sup>th</sup> Ave. Anytown      Lot Area: 100' x 125' = 12,000 sq. ft.      Zoning: R-1

Legal Description: Lots 3 and 4 of Sullivan Subdivision      PIN: 801829126031000

Owner: Tom and Anne Reese      Phone: 123-456-7890      Email: tandareese@gmail.com

Applicant: HOC Healthcare      Phone: 987-654-3210      Email: HOChealthcare@HOChealthcare.com