Community Development Department
1700 N. 4th Ave. W.
Newton, IA 50208-1926
641-792-6622 FAX 641-792-0670
www.newtongov.org

Zoning Board of Adjustment
Appeal
City Planner's Decision

Please fill out, print off and mail to above address.

Submitted Date_____

Fee: $100.00

Date Paid_____

Receipt #_____

File #AP-_____

Name of Applicant	Mailing Address	Daytime Telephone
Name of Owner	Mailing Address	Daytime Telephone
Name of Agent	Mailing Address	Daytime Telephone

Location of premises affected by this appeal: _____

Legal Description:

The Board is requested to grant appeal of city planner's decision based on Sec. _____ of the Zoning Ordinance for the following reasons:

The following items as checked, are attached and made a part of this appeal:

☐ Site Plan [if applicable]

☐ Building Plans [if applicable]

☐ Petition signed by supporters of appeal [optional].

_____ _____

Signature of Applicant Date

Revised 12-2006