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
Application
Conditional Use

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

Submitted Date_____

Fee: $100.00

Date Paid_____

Receipt #_____

File #CU-_____

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 conditional use: _____

Legal Description: _____

_____

Existing use of property: _____

Zoning of property: _____ Size of parcel ☐ sq. ft. ☐ Acres:_____

The Board is requested to grant a conditional use for the following activity:

The following items must be submitted with application unless specified by the City Planner:

☐ 1) Site Plan

☐ 2) Building Plans [if any]

☐ 3) Petition signed by supporters of proposal [optional]

☐ 4) Application Fee

_____ _____

Signature of Applicant Date