

City of Windsor Heights www.windsorheights.org

1145 66th Street, Suite 1 • Windsor Heights, Iowa 50324 • 515-279-3662 • Fax 515-279-3664

PETITION TO AMEND THE OFFICIAL ZONING MAP

PROJECT LOCATION: (street address or project location) PROPERTY OWNER: Name Address City State Zip	Date of Submission:	Fee Amount: \$400.00			
Name Address City State Zip Phone Fax Ema PROJECT LOCATION: (street address or project location) PROPERTY OWNER: Name Address City State Zip Phone Fax Ema REQUEST: Current Property Zoning Classification Requested Zoning Classification Proposed Use	PETITIONER NAME:				
Name Address City State Zip Phone Fax Email ROJECT LOCATION: (street address or project location) ROPERTY OWNER: Name Address City State Zip Phone Fax Email EQUEST: Current Property Zoning Classification Requested Zoning Classification Proposed Use EGAL DISCRIPTION	ETITIONER ADDRESS:				
City State Zip Phone Fax Ema ROJECT LOCATION: (street address or project location) ROPERTY OWNER: Name Address City State Zip Phone Fax Ema EQUEST: Current Property Zoning Classification Requested Zoning Classification Proposed Use EGAL DISCRIPTION		Name			
Phone Fax Email ROJECT LOCATION: (street address or project location) ROPERTY OWNER: Name Address City State Zip Phone Fax Email EQUEST: Current Property Zoning Classification Requested Zoning Classification Proposed Use EGAL DISCRIPTION		Address			
PROJECT LOCATION: (street address or project location) PROPERTY OWNER: Name Address City State Zip Phone Fax Email REQUEST: Current Property Zoning Classification Requested Zoning Classification Proposed Use LEGAL DISCRIPTION		City	State	Zip	
PROPERTY OWNER: Name Address City State Zip Phone Fax Email Current Property Zoning Classification Requested Zoning Classification Proposed Use LEGAL DISCRIPTION		Phone	Fax	Email	
PROPERTY OWNER: Name Address City State Zip Phone Fax Email REQUEST: Current Property Zoning Classification Requested Zoning Classification Proposed Use	PROJECT LOCATION: _				
Name Address City State Zip Phone Fax Email Current Property Zoning Classification Requested Zoning Classification Proposed Use LEGAL DISCRIPTION		(street address or projec	t location)		
Address City State Zip Phone Fax Email Current Property Zoning Classification Requested Zoning Classification Proposed Use LEGAL DISCRIPTION	ROPERTY OWNER:				
City State Zip Phone Fax Ema EQUEST: Current Property Zoning Classification Requested Zoning Classification Proposed Use EGAL DISCRIPTION		Name			
Phone Fax Ema EQUEST: Current Property Zoning Classification Requested Zoning Classification Proposed Use EGAL DISCRIPTION		Address			
EQUEST: Current Property Zoning Classification Requested Zoning Classification Proposed Use EGAL DISCRIPTION		City	State	Zip	
Current Property Zoning Classification Proposed Use EGAL DISCRIPTION Current Property Zoning Classification Requested Zoning Classification		Phone	Fax	Email	
Current Property Zoning Classification Proposed Use EGAL DISCRIPTION Current Property Zoning Classification Requested Zoning Classification	EOUEST:				
EGAL DISCRIPTION		Current Property Zonin	g Classification Requested Zo	oning Classification	
LEGAL DISCRIPTION		Proposed Use			

CERTIFICATION:		
An application may be filed only the owner(s) of the authorizing the application, or by the attorney-at-la		by a person with the power of attorney from the owner g the owner. Indicate your authority.
been prepared in compliance with the requirements statements and information above referred to are in	of the City of all respects tr erect and inst	being duly sworn, al) of the property involved and that this application has a Windsor Heights City Code as printed herein and the rue and correct to the best of my/our knowledge. In addiall a notification sign on the subject property to inform apter 177.04.
SIGNATURE		PLEASE PRINT
SIGNATURE		PLEASE PRINT
Mailing Address:		
Subscribed and sworn to before me on this	day of	20
		NOTARY PUBLIC