Date Received: _____ Fee: \$200.00 to City

CITY OF DENVER, IOWA REZONING APPLICATION TO PLANNING & ZONING COMMISSION AND CITY COUNCIL

Applicant Information:	
Name of Applicant:	
Applicant's Address:	
Applicant's Telephone Number:	Alternate Telephone Number (Optional):
Applicant's Email Address (Optional):	Fax Number (Optional)
Property Information:	
General Address of Property in Question (parcel no	umber, street address or road address):
Legal Description of Property in Question (Attach,	if necessary):
Attach a site plan or plot plan.	
Required Information:	
Existing Use of Property:	
Existing Zoning Classification	
Proposed Use of Property:	
Proposed Zoning Classification:	
Reason for the Request:	
Acknowledgement and Certification of the Appl	licant and/or Owner:
based on the City Comprehensive Land Use Plan certify that the information we have provided to complete, accurate, and true to the best of our kno	equired attachments, constitutes our entire request and that a decision shall be made and City ordinances; this application and any attachments; and public input. I/We the Zoning Administrator, Planning and Zoning Commission, and City Council is wledge. Any intentional falsification or change in the information contained in this ause: this application to become null and void; the nonrefundable fee to be forfeited;
I/We understand that the nonrefundable fee for have or part, of this fee be refunded to applicant.	ring a rezoning application considered is \$200.00. Under no circumstances shall all,
	may arise during this process, it is strongly suggested that the applicant/owner be ideation. Unanswered questions or unresolved issues caused by the absence of the
Applicant Signature	Owner Signature, if not the applicant
Date	Date