

P.O. Box 616
200 1st Street NE
Waverly, IA 50677

City of Waverly

Phone: (319) 352-9065
Fax: (319) 352-5772

Rezoning Application

APPLICANT(s):

DATE: _____

Name: _____

Address: _____

PROPERTY:

Owner(s): _____

Address: _____

Legal Description – Attach Copy

Present Zoning Classification: _____

Requested Zoning Classification: _____

Planned Use: _____

SURROUNDING PROPERTY OWNERS: (Attach plat and list all property owners within 250 feet of boundaries of subject property. Use additional sheets if necessary.)

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OWNER(s) SIGNATURE(s):

_____ Date: _____

_____ Date: _____

For Office Use Only

Project Name: _____

\$125.00 Application Fee..... Date Paid _____ Check #: _____