

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

City of Waverly  
Zoning Department  
SPECIAL PROVISIONAL USE  
APPLICATION

Phone: (319) 352-9208  
Fax: (319) 352-5772

**Applicant(s):**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Special Provisional Use Property:**

Owner(s): \_\_\_\_\_ Address: \_\_\_\_\_

Legal Description – Attach Copy \_\_\_\_\_

Present Zoning Classification: \_\_\_\_\_

Planned Use: \_\_\_\_\_

*\*Please attach brief summary of scope of project* \_\_\_\_\_

**Surrounding Property Owners:** (Attach plat and list all property owners within 250 feet of boundaries of subject property. Use additional sheets if necessary.)

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Owner(s) Signature(s)**

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

*For Office Use Only*

Special Provisional Use Category per City Code: \_\_\_\_\_

Project Name: \_\_\_\_\_

Date Filed/Accepted by Staff: \_\_\_\_\_ Person Accepting Application: \_\_\_\_\_

City Official Reviewing Application: \_\_\_\_\_  Timeline (attached) Completed