

City of Ottumwa, IA

~ Variance Request ~

Notice of Appeal to the Zoning Board of Adjustment

Contact Information:

Owner: _____

Company Name if Applicable: _____

Address: _____ City, State & Zip: _____

Phone: _____ Fax: _____ e-mail: _____

Applicant or Agent (if different from Owner): _____

Company Name if Applicable: _____

Address: _____ City, State & Zip: _____

Phone: _____ Fax: _____ e-mail: _____

Architect / Engineer / Other: _____

Company Name if Applicable: _____

Address: _____ City, State & Zip: _____

Phone: _____ Fax: _____ e-mail: _____

Property Information:

Property Address (if different from Owner Information): _____

Legal Description: _____

Lot Size: _____ x _____ = _____ Square Feet (Or Attach a Copy of Plat

Zoning District: _____ Present Use of Property: _____

City Code Section regarding Variance Request: _____

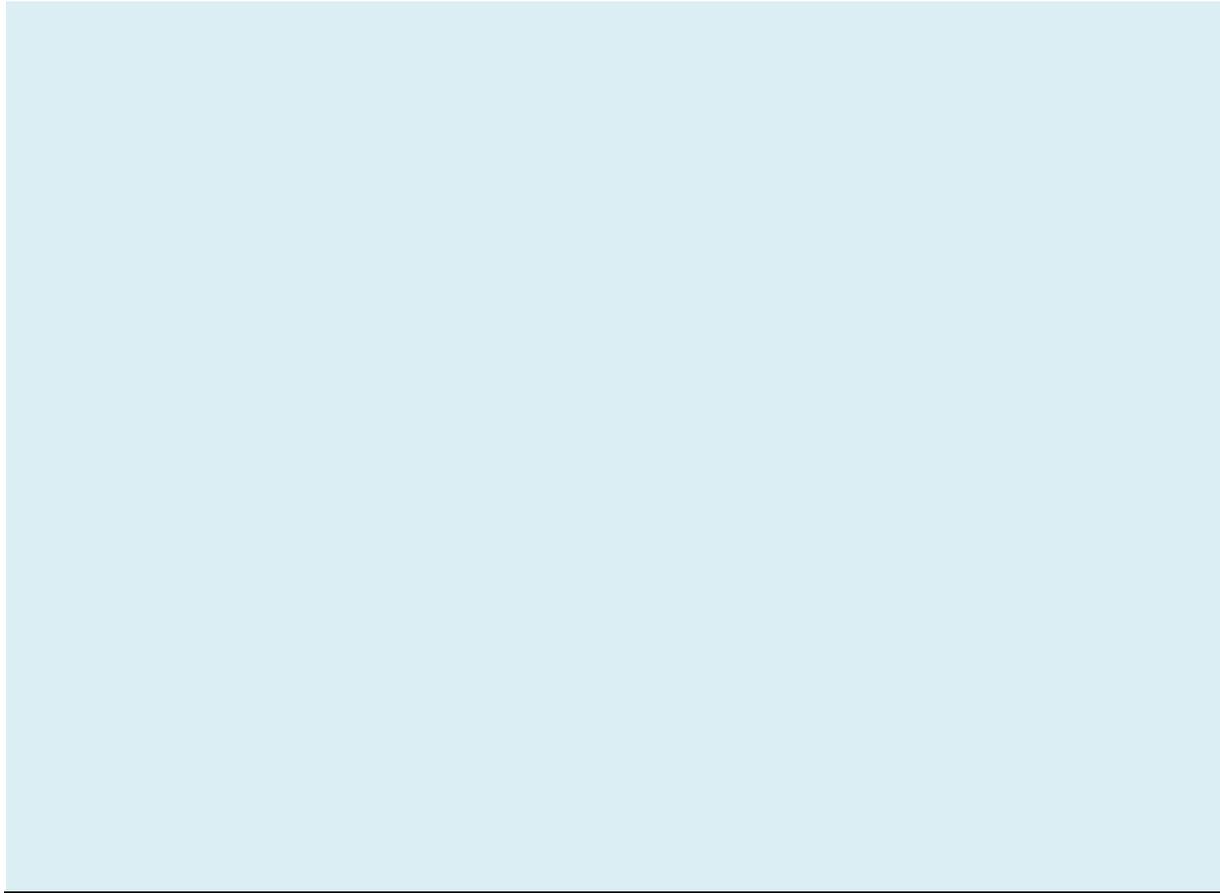
Other Information:

Has any previous application been filed in connection with these premises? YES: _____ NO: _____

If yes, date of prior application/action: _____

General Description of Request

Please provide a general description of the request. (Please use additional sheets of paper if necessary.)



Site Plan:

Have you attached a site plan: YES NO

Please remember site plan must be submitted and be to a reasonable scale. If you should require assistance please contact the Planning and Development Department.

I (We) further state that if this request is granted, I (We) will proceed with the actual construction in accordance with the plans herewith submitted within six months from the date of filing this appeal; will complete work within _____ from said date; and that I am able from a financial, legal and physical basis to do so.

Name: _____
(Print)

(Signature)

Date: _____

For Office Use Only

Date Hearing was Advertised: _____

Date of Hearing: _____

Decision of the Zoning Board of Adjustment: _____

Reasons: _____

Other Remarks: _____

For the Zoning Board of Adjustment:

BY: _____
(Secretary)