



Waverly Zoning Department
200 1st St. NE PO Box 616
Waverly, IA 50677
zoning@waverlyia.com
(319)-352-9208

Rezoning Application

APPLICANT(s):

DATE: _____

Name: _____ Email: _____

Address: _____

PROPERTY:

Name of Owner(s): _____

Address: _____

Legal Description – Attach Copy

Present Zoning Classification: _____

Requested Zoning Classification: _____

Planned Use: _____

Those within 250 feet of the property will be notified of a public hearing. The Community Development Office will notify owners.

OWNER(s) PRINTED NAME(s):

1) _____

2) _____

OWNER(s) SIGNATURE(s):

1) _____ Date: _____

2) _____ Date: _____

For Office Use Only

Person Accepting Application Submittal: _____

- | | |
|--|---|
| <input type="checkbox"/> \$200 Application Fee. | <input type="checkbox"/> Council 1 st Reading Date: _____ |
| <input type="checkbox"/> Legal Description attached. | <input type="checkbox"/> Council 2 nd Reading and Public Hearing Date: _____ |
| <input type="checkbox"/> Date application turned in: _____ | <input type="checkbox"/> Council Final Reading Date: _____ |
| <input type="checkbox"/> P & Z Public Hearing Date: _____ | |