



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 Department will notify owners.

OWNER(S) PRINTED NAME(S):

1.) _____ Date: _____

2.) _____ Date: _____

OWNER(S) SIGNATURE(S):

1.) _____ Date: _____

2.) _____ Date: _____

FOR OFFICE USE ONLY

Person Accepting Application Submittal: _____ Date: _____

\$200 Application Fee
Legal Description attached
Date application turned in: _____
P & Z Hearing Date: _____
Council 1st Reading Date: _____
Council 2nd Reading Date and PH Date: _____
Council Final Reading Date: _____
Ordinance Publish Date: _____

Send to Bremer County GIS
Upload into City GIS