

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

SPECIAL PROVISIONAL USE AMENDMENT APPLICATION

Applicant:		_Date:
Name:		
Home Mailing Address:		
Email:	Phone:	
Special Provisional Us	se Property:	
Owner(s):		
Property Address:		
Property Zoning Classific	ation:	
Special Provisional Use A	pproval Date:	
Summary of Proposal (R (Include Separate Sheet if Neces	equired): sary. Also Attach Site Plan When Specified in Sec	tion 100 of City Code.)
	the property owner requesting a spector chearing. The Community Developm	•
Owner/Applicant Sign	nature(s)	
		Date:
		Date:
	For Office Use Only	
Person Accepting Application:		
City Code Chapter/Provisional	Use requested:	
Date Accented/Approved:	/ Person Δnnro	ving Application: