

Application for Zoning Change

City Clerk's Office, 403 Third St, Ida Grove, Iowa 51445
712-364-2428 connect@idagroveia.com



Applicant Information

Permit Applicant Name:		Application Date:	
Mailing Address:		Phone:	
		Secondary Phone:	
State/Zip:			
Email:			

Zoning Information

Property Owner Name:		Current Property Zoning:	
Property Address:		Current Property Use:	
		Requested Property Zoning:	
Legal Description:		Requested Property Use:	
Rezoning Request Description:			

SIGNATURE OF APPLICANT	DATE

For Office Use Only

Received By:		Date Filed:		Permit #	
Planning & Zoning Recommendation:		Signature of P&Z Chair:		Date:	
Signature of Board of Adjustment Chair:				Date:	
Signature of City Clerk:				Approval Date:	
Secondary Signature:				Approval Date:	