EMMET COUNTY, IOWA
REQUEST FOR REZONING

Phone: (712) 362-2609 Emmet Co. Assessor's Office 609 1st Avenue N 8:00 a.m.-4:30 p.m. M-F

Steve Hallgren, Zoning Administrator – (712-260-0913 *Emmet County Assessor's Office – (712) 362-2609*
Emmet County Engineer – (712) 362-4846 *Emmet County Public Health, Wells & Septic – (712) 362-2490*

PROPERTY OWNER INFORMATION

Name: _____ Cell Phone: _____

Address: _____

E911 Street Address of Project: _____

Email: _____

APPLICANT (If other than PROPERTY OWNER)

Name: _____ Cell Phone: _____

Address: _____

Email: _____

☐ Builder ☐ Contractor ☐ Other _____

SPECIAL NOTE: THE LOCATION OF PROPERTY LINES & EASEMENTS IS THE SOLE RESPONSIBILITY OF THE PROPERTY OWNER. EMMET COUNTY DOES NOT AND WILL NOT LOCATE PROPERTY LINES OR EASEMENTS. THE COUNTY ACTS ON INFORMATION PROVIDED ON THIS FORM. INACCURATE INFORMATION ON THIS FORM CAN RESULT IN PERMIT NON-ISSUANCE, REVOCATION, AND/OR LEGAL ACTION. IT IS RECOMMENDED A LICENSED LAND SURVEYOR BE USED TO ESTABLISH THE LOCATION OF PROPERTY LINES.

LEGAL DESCRIPTION: Qtr _____ Qtr_____ Sec_____ Township _____ Range _____
or Subdivision_____ Block _____ Lot _____

APPLICANTS MUST INCLUDE THE FOLLOWING INFORMATION:

1. Current land use of the property: ☐ Agriculture ☐ Residential (non-farm) ☐ Vacant ☐ Other _____
   ☐ Farmstead ☐ Commercial ☐ Industrial ☐ Lake Residential
2. Current Zoning District? _____
3. Proposed new Zoning District? _____
4. Lot(s) size? _____ Proposed Use of Land? _____
5. What is the applicant's interest in the premises affected? _____
6. Provide an explanation of why the proposed rezoning is necessary: _____
   _____

REQUIRED ATTACHMENTS:

Please include the following attachments:

1. Site Plan of the property showing existing buildings indicated on such land to be rezoned
2. All roads abutting the property and proposed access(es) to any roads
3. Names and addresses of property owners within 500' of the property requesting a conditional use (Information can be obtained by visiting Emmet County Parcel Search website at: https://beacon.schneidercorp.com/Application.aspx?AppID=15&LayerID=121&PageTypeID=1&PageID=925

REZONING FEE:

This petition shall be accompanied by a non-refundable rezoning fee of $200 payable to Emmet County Zoning.

STATEMENT OF JUSTIFICATION:

Attach a separate, legible and reproducible written narrative addressing each of the following:

1. Project Description: Describe, in detail, the nature of the proposed project for which the rezoning is requested.
2. Conformance to District Intent: Demonstrate the conformance of the proposed use and zoning to the Statement of Intent for the District, and conformance of the proposed project to the district requirements.
3. Compatibility with Surrounding Area: Demonstrate the compatibility of the proposed zoning with the character of the immediate vicinity and use of adjacent property.
4. Environmental Protection: Describe the suitability and limitation imposed by the site's natural resources for potential development under the requested zoning classification.
5. Facilities and Services: Describe the impacts of the proposed project on public/private facilities and services including, as appropriate, transportation, water, waste treatment and police or fire protection.

EMMET COUNTY CONDIITONAL USE APPLICATION

ACKNOWLEDGEMENT & SIGNATURE

The applicant, by signing, acknowledges and agrees to the conditions stated in this permit. I hereby will defend, indemnify, protect, and hold harmless Emmet County and its employees from any and all liability from any claim or cause of action which any person may claim to have by reason of any actual or alleged failure on the part of the undersigned applicant to comply with the terms and provisions thereof. I hereby certify that I have read and examined this application and its attachments and know the same to be complete, true, and correct. Granting a request for rezoning of property does not presume to give authority to violate the provisions of any other state or local laws.

Signed: _____ Date: _____

Property Owner, contractor, applicant, or other Authorized Representative (if Owner is not completing the work)

COUNTY OFFICE USE ONLY

Date adjoining property owners were notified: _____ Date of meeting: _____

Rezoning is: Approved: _____ Denied: _____ Date letter sent notifying applicant of result: _____

Copy Sent to County Assessor on: _____ Rezoning Fee Paid: ☐ Yes ☐ No

_____ _____

Chairperson, Emmet County Planning & Zoning Commission

Emmet County Zoning Administrator or Authorized Representative