

CITY OF SIOUX CITY

Applicant Profile Form

Planning Division
 Room 308
 405 6th Street
 P.O. Box 447
 Sioux City, IA 51102-0447



Before completing, read the entire Applicant Profile Form and related application. A pre-application conference is **required** for all applications for cluster, mixed housing, and planned neighborhoods; traditional neighborhood development, as well as applications for development in the Airport Protection (AP), Casino Entertainment (CE), Historic Area (HA), and Public Institutional (PI) zoning districts. However, pre-application conferences may be requested for any development type.

PETITIONER/APPLICANT INFORMATION

Name					
Street Address					
City		State		ZIP	
Phone			E-mail Address		
Petitioner's interest in the property	Owner <input type="checkbox"/>	Contract Buyer <input type="checkbox"/>	Architect <input type="checkbox"/>	Engineer <input type="checkbox"/>	Other:

PROPERTY OWNER (IF DIFFERENT)

Name					
Street Address					
City		State		ZIP	
Phone			E-mail Address		

LEGAL DESCRIPTION (IF LEGAL IS TOO LONG, NOTE BELOW AND ATTACH TO THE APPLICATION)

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PLANNING AND ZONING DIVISION REQUESTS

Approvals are issued by the City after compliance with the requirements of the Zoning and Sign Code is determined. A determination is made by the Planning and Zoning Commission, Board of Adjustment, Administrator, or City Council upon recommendation of City staff, Boards, or Commissions. A full list of permits and approval procedures are listed in *Subchapter 25.06-B Permits and Procedures of the Code.*

<input type="checkbox"/> Vacation	<input type="checkbox"/> Site Plan / Development Concept Plan	<input type="checkbox"/> Conditional/Limited Use Permit	<input type="checkbox"/> Certificate of Appropriateness
<input type="checkbox"/> Zone Change	<input type="checkbox"/> Major changes to a Site/Concept Plan	<input type="checkbox"/> Temporary Use Permit	<input type="checkbox"/> Designation of Historic Site/Landmark
<input type="checkbox"/> Sign Permit	<input type="checkbox"/> Minor Changes to a Site/Concept Plan	<input type="checkbox"/> Appeal	<input type="checkbox"/> Accessory Dwelling Unit
<input type="checkbox"/> Minor Modification	<input type="checkbox"/> Zoning Compliance Certificate	<input type="checkbox"/> Variance	<input type="checkbox"/> Avigation Permit
<input type="checkbox"/> Right-of-Way Encroachment	<input type="checkbox"/> Sign Design Program		<input type="checkbox"/> Interchange Development
<input type="checkbox"/> Text Amendment	<input type="checkbox"/> Interpretation		<input type="checkbox"/> Preliminary/Final Plat

SIGNATURE

Property Owner's Signature:	Application Date:
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***For additional assistance please contact the City Planning and Zoning Division either before or after submission of the application. A copy of the entire Sioux City Zoning and Sign Code is available in the Planning Division office or under Title 25 online at: <http://online.encodeplus.com/regs/siouxcity-ia/index.aspx>. See *Subsection 25.06.070* for the complete review procedures.**

CITY OF SIOUX CITY

Application for an Appeal

(Complete along with the Applicant Profile Form)

Planning Division
Room 308
405 6th Street
P.O. Box 447
Sioux City, IA 51102-0447



An appeal may be taken to the Board of Adjustment by any person aggrieved or by any officer, department, or board of the City affected by a decision of the Administrator or other City officials, departments, and agencies. Refer to *Subsection 25.06.090.20 Administrative Appeals* and *Subsection 25.06.090.21 Appeals to the City Council*. Appeals must be submitted within 30 days of the decision being appealed.

SUBJECT PROPERTY INFORMATION

Owner			
Street Address			
Zoning District		Lot area	
Existing use:			

WRITTEN STATEMENT OF REQUEST

Decision being appealed	<input type="checkbox"/> Administrative <input type="checkbox"/> Planning and Zoning Commission	Date decision was made:
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Indicate the section of the Sioux City Zoning and Sign Code cited in the official's decision:

The applicant wishes to challenge the above decision based on the interpretation of the following section(s) of the Sioux City Zoning Ordinance:

In the space provided below, or on a separate sheet, summarize the basis for your appeal referring to the code sections listed above and providing sound reason(s) for overturning the decision. (Provide evidence demonstrating that the decision was based on an improper or erroneous interpretation of the Zoning Code):

State the remedy desired:

ADDITIONAL INFORMATION

<input type="checkbox"/>	Additional information and records shall be provided at the request of the Administrator, which may include maps, professional surveys of the property, or other documentation.
<input type="checkbox"/>	Completed Applicant Profile Form.
<input type="checkbox"/>	A filing fee of \$250.

SIGNATURE

Owner/Petitioner's Signature:		Application Date:	
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