

# CITY OF SIOUX CITY

## Applicant Profile Form

(Complete along with the appropriate application form. Not required with the Design Review Committee Request Form)

Planning Division  
 Room 308  
 405 6<sup>th</sup> 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"/> Dedication	<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/sioux-city-ia/index.aspx>. See *Subsection 25.06.070* for the complete review procedures.**

# CITY OF SIOUX CITY

Application for a Street Naming/Renaming/Dedication  
(Complete along with the Applicant Profile Form)

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



## SUBJECT PROPERTY INFORMATION

Owner			
Street Address			
Zoning District		Lot Area	
Existing Use			

## REQUEST

Requested Approval	<input type="checkbox"/> Street Naming	<input type="checkbox"/> Street Renaming
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## STANDARDS FOR DEDICATIONS

1. Street name shall not be a duplication of existing street names used in the City of Sioux City unless the street is a logical extension of an existing street alignment.
2. New street names or changes in street names shall not be similar in spelling or sound to existing street names in use.
3. New streets, which are logical extensions of existing street alignments, shall be given the same name as the existing street.
4. When an existing street is renamed, the entire contiguous alignment shall be changed. Exceptions may be considered in cases where the logical continuous alignments will be impractical, due to major changes in topographic features or physical improvements.

## WRITTEN STATEMENT OF REQUEST

*Note that all changes in street names shall include a recommended effective date by the Planning and Zoning Commission for the ordinance approved by City Council. The purpose for deferring the effective date is to allow a reasonable amount of time to incorporate the occupant's new street name changes in the next regular publication the Sioux City telephone directory.*

Describe the reason for the request to dedicate property for public use:

## INFORMATION CHECKLIST

<input type="checkbox"/>	<input type="checkbox"/> N/A	A survey by a Certified Land Surveyor licensed in the State of Iowa if necessary to describe the property.
<input type="checkbox"/>		A mailing list, certified by an abstractor, giving all names of the contract purchasers or the last deed of record of all properties adjacent to the new/changed road name that may be issued house numbers or addresses on the new road.
<input type="checkbox"/>		A general area map showing the location of the street to be renamed and the surrounding and intersecting public streets and roads.
<input type="checkbox"/>	<input type="checkbox"/> N/A	If requesting a street renaming, a petition signed by a minimum of 25% of all adjacent property owners or tenants of the land or buildings that may have their address changed. The required number of signatures will be determined from the mailing lists certified by an abstractor.
<input type="checkbox"/>		Completed Applicant Profile Form.
<input type="checkbox"/>		Filing fee of \$225.

## SIGNATURE

Owner/Petitioner's Signature:		Application Date:	
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