

# 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"/> 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/regsiouxcity-ia/index.aspx>. See *Subsection 25.06.070* for the complete review procedures.**

# CITY OF SIOUX CITY

## Application for a Text Amendment

(Complete along with the Applicant Profile Form)

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Sioux City, IA 51102-0447



The text of the Sioux City Zoning and Sign Code can be amended subject to the procedures of **Subsection 25.06.090.14**. The amendment of text of the Code may transform a legally nonconforming situation into a conforming situation. However, no petition for a text amendment shall be used solely to cure a violation of any party of the Code.

### WRITTEN STATEMENT OF REQUEST

Section of the Code requested to be amended

Requested text amendment or changes sought:

Describe how the request will help to implement the Comprehensive Plan, or, if it addresses a topic that is not addressed or not fully developed in the Comprehensive Plan, the proposed amendment does not impair the implementation of the Comprehensive Plan when compared to the existing Code:

Describe how the request is consistent with the stated purposes of the Code:

Describe how the request will maintain or advance the public health, safety, or general welfare:

Describe how the request will help to mitigate adverse impacts of the use and development of land on the natural or built environments, including, but not limited to mobility, air quality, water quality, noise levels, stormwater management, wildlife protection, and vegetation; or will be neutral with respect to these issues:

For Office Use Only

File Number:

Staff Reviewer:

Describe how the request will advance the strategic objectives of the City Council, such as fiscal responsibility, efficient use of infrastructure and public services, and other articulated City objectives:

**ADDITIONAL INFORMATION**

<input type="checkbox"/>	Additional information and records shall be provided at the request of the Administrator.
<input type="checkbox"/>	Completed Applicant Profile Form.
<input type="checkbox"/>	A filing fee of \$70.

**SIGNATURE**

Owner/Petitioner's Signature:		Application Date:	
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