

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 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)

--

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:
-----------------------------	-------------------

***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 Zone Change (Includes Restricted Use Overlay Districts)

(Complete along with the Applicant Profile Form)

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



SUBJECT PROPERTY INFORMATION

Owner			
Street Address			
Current Zoning District		Proposed Zoning District	
Existing Use		Proposed Use	

WRITTEN STATEMENT OF REQUEST

Describe the need and justification for the proposed zone change, including the conformity of the proposal with the Comprehensive Plan. (Refer to Subsection 25.06.090.15 Zone Change (Map Amendment, including Restricted Use Planned Developments) of the Sioux City Zoning and Sign Code):

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 general area map or site plan showing the area requested to be rezoned.
<input type="checkbox"/>		Completed Applicant Profile Form.
<input type="checkbox"/>		A filing fee of \$350.
<input type="checkbox"/>	<input type="checkbox"/> N/A	A zone change to a Historic Area District requires an application for a Local Historic District or Landmark for review by the Historic Preservation Commission and State Historic Preservation Office prior to approving the request.
<input type="checkbox"/>	<input type="checkbox"/> N/A	Other information as requested by the Administrator prior to submittal of the application, including whether a Restricted Use Overlay District is required (Subsection 25.06.090.13 Restricted Use Overlay District) :

SIGNATURE

Owner/Petitioner's Signature:		Application Date:	
-------------------------------	--	-------------------	--

***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>**