



City of Fayette
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REQUEST FOR CHANGE TO THE CITY OF FAYETTE ZONING ORDINANCE

Applicant Name: _____ Date: _____

Mailing Address: _____ Phone: _____

City, State, Zip Code: _____ Email: _____

Date Paid Application Fee of \$15.00: _____

Title of Property or Subdivision: _____

Legal Description and Acreage (if required), otherwise, Street Address of the Property: _____

The Present Zoning Classification of the Property: _____

The Zoning Classification Recommended: _____

The Existing Use and Proposed Use of the Property: _____

The names and addresses of the owners of all properties within 200 feet of the property for which the change is requested (use additional pages, if necessary): _____

Reasons why applicant believes the present classification is no longer valid: _____

Please attach/enclose a plat or map showing the locations, dimensions and use of the applicant's property and all property within 200 feet thereof, including streets, alleys, railroads and other physical features.

I certify that the above information as submitted herewith is, to the best of my knowledge, true and accurate.

Signed _____
(Applicant)

Signed _____
(Zoning Administrator)