REZONING APPLICATION

City of Glenwood - 5 N. Vine St – (712) 527-4717

Application Fee $50.00 Receipt _____ Date _____

Name of Owner/Applicant: _____ Phone: _____

Address of Owner/Applicant: _____

Property Address: _____

Property Owner Name & Address (if different from above): _____

_____

Legal Description of Property: _____

Current Zoning: _____ Requested Zoning: _____

Description of the reason for the rezoning application and the nature and operating characteristics of the proposed use:

_____

_____

_____

_____ _____

Zoning Administrator/Designee Date Signature of Applicant

Planning & Zoning Board

Date of Meeting: _____ Recommend Approval _____ Recommend Disapproval _____

Comments

_____

_____

_____

Planning & Zoning Board Chairperson

City Council

Date of Public Hearing: _____ Approved _____ Disapproved _____

Comments

_____

_____

_____ _____

Attest, City Clerk Mayor