

**Clarke Co Zoning**  
144 W. Jefferson, Osceola, IA 50213  
**P: 641-223-8299 F: 641-342-2603**  
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**www.clarkecountypublichealth.org**

**APPLICATION FOR CHANGE OF PROPERTY DISTRICT CLASSIFICATION**

DATE: \_\_\_\_\_

Application is hereby submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
(911 Address-site) (City) (State) (ZIP)

Property Owner (If different from above): \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
(911 Address-site) (City) (State) (ZIP)

Pursuant to Section 25.2 an individual may submit an application for change of district classification to the Zoning Commission who shall hold at least one public hearing. The Zoning Commission will then complete a recommendation and then shall certify the recommendation to the Board of Supervisors for consideration. If the Board of Supervisors deny an application, no new application for the same property and/or additional property may be consideration for one year.

Legal Description (Or attach copy of Deed): \_\_\_\_\_

Request change from \_\_\_\_\_ district to \_\_\_\_\_ district. Reason for change in district classification:

List of property owners located within 500 feet of your property: (attach additional sheets if needed.)

_____ (Owner's Name)	_____ (Property Address)
_____ (Owner's Name)	_____ (Property Address)
_____ (Owner's Name)	_____ (Property Address)
_____ (Owner's Name)	_____ (Property Address)

Date Application Received: \_\_\_\_\_ Public Hearing Set for: \_\_\_\_\_ Notice to Paper: \_\_\_\_\_  
Date to be Published: \_\_\_\_\_ Notice of Hearing: \_\_\_\_\_ Zoning Commission Decision: \_\_\_\_\_  
Any Conditions: \_\_\_\_\_ Date Certified to BOS: \_\_\_\_\_ BOS Decision/Date: \_\_\_\_\_