

Clarke Co Zoning
144 W. Jefferson, Osceola, IA 50213
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APPLICATION FOR CONDITIONAL USE PERMIT

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 13 the Board of Adjustment may, after public hearing, grant a conditional use permit for the following uses subject to the provisions herein.

Legal Description (Or attach copy of Deed): _____

Reason for Conditional Use: _____

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: _____

BOA Decision: _____ Any Conditions: _____