



DEVELOPMENTAL SERVICES & INSPECTIONS  
 819 1<sup>st</sup> Avenue South  
 Fort Dodge, IA 50501  
 Tel: (515) 576-4551, ext. 1004  
 Email: [ds@fortdodgeiowa.org](mailto:ds@fortdodgeiowa.org)

Rezoning Application Fee: \$250

# REZONING APPLICATION

**PROPERTY OWNER INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

**APPLICANT, AGENT AND/OR PLAN PREPARER INFORMATION:** *(If different from above)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PROPERTY INFORMATION:**

Site Location/Address(Attach map/plans): \_\_\_\_\_  
 Topographic Characteristics of Land: \_\_\_\_\_  
 Existing Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_ Total Area: \_\_\_\_\_  
 Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_ Plan Reference: \_\_\_\_\_

**SUBMITTAL REQUIREMENTS:**

Property Deed (please provide this to ensure the proper legal description)

**PURPOSE OF REQUEST:** \_\_\_\_\_

# ACKNOWLEDGEMENT AND SIGNATURE FORM

Review of this application may require City staff, Board or Commission members to visit the property to assess the project. Obtaining approval does not absolve the applicant from obtaining any other local, state, and/or federal permits including Building Permits, Right-of-Way Excavation Permits, IDOT access permits, etc. which may be required.

*The undersigned acknowledges he/she has read and understands the requirements and stipulations set forth in this application. The undersigned certifies that the information presented on this application and all other required materials is true and correct to the best of his/her knowledge and further certifies that he/she has a legal interest in the property in question, and/or is legally able to represent all other persons or entities with interest in this property.*

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Property Owner)

and: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Applicant, Agent, and/or Plan Preparer)

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**CITY REVIEW PROCESS:****1. PREAPPLICATION MEETING**

The applicant may request a preapplication meeting with City staff to acquaint both parties with the proposed rezoning and process. This can be set up by calling the BACG Office at (515) 573-8321.

**2. PLAN AND ZONING COMMISSION REVIEW**

The request for rezoning shall be submitted to the BACG Office 2 weeks prior to the next scheduled Plan and Zoning Commission meeting. Plan and Zoning Commission meetings are held on the 2<sup>nd</sup> and 4<sup>th</sup> Tuesday of each month. City staff will review the request and provide their recommendation to the Plan and Zoning Commission at their next scheduled meeting. The Plan and Zoning Commission will review the request and vote on their recommendation to provide for the City Council; whether of approval, modification, or disapproval.

**3. CITY COUNCIL REVIEW**

Upon receiving the Plan and Zoning Commission's recommendation, the request for rezoning will be provided to the City Council for their review. A rezoning is a change to the City's Zoning Ordinance, which requires a public hearing and three readings; therefore, the request will be considered at three Council meetings prior to final approval or disapproval:

- Council Meeting #1: Public Hearing and 1<sup>st</sup> Reading of Ordinance
  - Council Meeting #2: 2<sup>nd</sup> Reading of Ordinance
  - Council Meeting #3: 3<sup>rd</sup> Reading of Ordinance
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