



Rezoning Application

Applicant Information:

Name: _____
Address: _____
Phone: _____ Email: _____

Property Owner: (if other than applicant)

Name: _____
Address: _____
Phone: _____ Email: _____

Property Information:

Address (if no address, list name of closest streets):

Assessor's Parcel#: _____
Current Zoning: _____ Requested Zoning: _____

Individuals requesting a rezoning should familiarize themselves with the requirements outlined in the **Hills City Code Chapter 22 & 165.33** regarding the Planning and Zoning Commission.

Statement of the reasons why the applicant feels the present zoning classification is no longer valid.

Signature of Applicant _____ Date _____

Attachments Required: (A) Map showing location of the property within the City of Hills, Iowa
(B) Legal description of the property

Re-zoning Fee: **\$75.00** Date Paid: _____

Staff Only Received By: _____ Date: _____
Planning & Zoning Commission Meeting Date: _____
Planning & Zoning Commission Approval: Yes _____ No _____
City Council Meeting Date: _____