

# CITY OF HAMPTON

122 FIRST AVENUE NW  
HAMPTON, IA 50441

PHONE: 641-456-4853  
FAX: 641-456-3216

## APPLICATION FOR CHANGE OF ZONE

I/We, the undersigned do hereby petition the Planning and Zoning Commission and the City Council of Hampton, Iowa, to amend the Zoning Ordinances and Zoning Map for the property and in the manner described as follows:

Property Location: \_\_\_\_\_, Hampton, Iowa

Legal Description of Property: \_\_\_\_\_  
\_\_\_\_\_

Current Zoning: \_\_\_\_\_ Requested Zoning: \_\_\_\_\_

Reason(s) for rezoning request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

The following attachments should be included with this application:

- Names and mailing addresses of the owner of all property within two-hundred (200) feet of the property in question.
- A statement of the reasons why the applicant feels the present zoning classification is no longer appropriate.
- A plat from the Franklin County Recorder's Office and/or surveyor's map, showing existing locations, dimensions and use of the applicant's property and all property within two-hundred (200) feet thereof, including streets, alleys, railroads and other physical features.

I hereby certify that the information given on this application is correct and have been fully appraised and acquainted with the uses to which the area to be rezoned may be put if the rezoning is granted.

\_\_\_\_\_  
(Signature of Owner or Authorized Agent)

\_\_\_\_\_  
(Date)

**Permit Fee: \$35.00**

Receipt # \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Zoning Administrator's Signature)