CITY OF HAMPTON

122 FIRST AVENUE NW
HAMPTON, IA 50441

PHONE: 641-456-4853
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APPLICATION FOR DESIGN REVIEW
(ARTERIAL-TRANSITIONAL ZONING DISTRICTS)

I/We, the undersigned do hereby petition the Planning and Zoning Commission and the City Council of Hampton, Iowa, to conduct a design review procedure for the property described as follows:

Property Location: _____, Hampton, Iowa

Legal Description of Property: _____
_____

Description of proposed design, including modifications or elimination of existing structure(s) and/or property design (see Site Map requirements below): _____
_____
_____
_____
_____
_____
_____

Property Owner: _____

Owner's Address: _____

The following attachments should be included with this application:

- Site map drawn to scale, including property lines, existing and proposed structures, parking, signage, lighting, and landscaping, with bordering roadway(s) identified.

I hereby certify that the information given on this application is correct.

_____ _____
(Signature of Owner or Authorized Agent) (Date)

FOR OFFICE USE ONLY:

_____ _____ _____
(Date Received) (Date of Review) (Date Applicant Notified)

Application APPROVED or DISAPPROVED by the Planning & Zoning Commission, with the following conditions: _____
_____
_____

Signature of Code Enforcement Officer: _____ Date: _____