

FOR OFFICE USE ONLY: RECEIPT # _____

**POTTAWATTAMIE COUNTY, IOWA
ZONING TEXT AMENDMENT APPLICATION**

PROPERTY OWNER	<i>Name</i>				
	<i>Mailing Address</i>	<i>Street</i>		<i>City, State, Zip</i>	
	<i>Contact Information</i> <input checked="" type="checkbox"/> <i>Best Way to Contact</i>	<i>Email</i> <input type="checkbox"/>		<i>Home #</i> <input type="checkbox"/> <i>Work #</i> <input type="checkbox"/> <i>Cellular</i> <input type="checkbox"/>	
REPRESENTED BY	<i>Name</i>			<i>Status</i>	<input type="checkbox"/> <i>Contract Purchaser</i> <input type="checkbox"/> <i>Owner's Authorized Agent</i> <input type="checkbox"/> <i>Legal Option Holder</i>
	<i>Mailing Address</i>	<i>Street</i>		<i>City, St, Zip</i>	
	<i>Contact Information</i> <input checked="" type="checkbox"/> <i>Best Way to Contact</i>	<i>Email</i> <input type="checkbox"/>		<i>Work #</i> <input type="checkbox"/> <i>Cellular</i> <input type="checkbox"/>	
PROPOSED AMENDMENT	<i>Proposed Text</i>	<input type="checkbox"/> <i>Per Attachment</i>			
	<i>Reason for Proposed Change</i>	<input type="checkbox"/> <i>Per Attachment</i>			

ATTACHMENTS

ATTACHED TO THIS APPLICATION IS THE FOLLOWING DOCUMENTATION AND/OR ATTACHMENTS:

- | | | |
|--|--------------------------|--------------------------|
| A. Supporting Documentation | Attached | NA |
| B. Filing Fee-Checks are to be made payable to "Pottawattamie County Treasurer". | <input type="checkbox"/> | <input type="checkbox"/> |

Please make be certain that you want to proceed with this project when you submit your application. The fees that you submit are not refundable once the application is submitted.

SIGNATURE

THE FACTS I HAVE PRESENTED ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant	<i>Signature</i>	<i>Date</i>
	<i>Type or Print Name</i>	