

City of West Okoboji, Iowa

Special Exception Permit Application

Phone: (712) 320-4394 501 Terrace Park Blvd Milford, Iowa 51351 Office Hours: 8am – 3:30pm

1. APPLICATION IS MADE BY:

Name: _____ owner/developer/agent
(Please circle one)

If applicant is not the owner, please list owner's name and address: _____

Street Address: _____

City, State, Zip: _____

Phone or Contact Number: _____

2. PREMISIS IS LOCATED AT:

The undersigned is the (owner) (contract purchaser) (option purchaser) of the below described property located at (Street Address) _____

Legal Description _____ (Lot) _____ (Block) _____ (Subdivision)

3. REQUEST FOR SPECIAL EXCEPTION PERMIT:

Current Land Use: Agriculture Residential Commercial Industrial
 Civic/Public Vacant Other: _____

Statements of Justification: Describe below the responses to each of the following questions:

1. Project Description: Describe, in detail, the nature and operating characteristics of the proposed use for which the special exception is being requested _____

Site Plan Required: A site plan, identifying all proposed lots and access must be attached and made part of this petition. Preliminary building elevations, preliminary improvement plans, and other such plans and data showing the dimensions, arrangements, descriptive data, and other materials constituting a record essential to an understanding of the proposed use and proposed modification. The site plan shall clearly show the property under consideration and ALL properties within 200 feet of the property under consideration. The property boundaries and property legal description shall be based on actual survey or legal description of record.

Surrounding Owners: Attach an abstractor's certificate which lists the names and addresses of ALL property owners of record within 200 feet of the property under consideration.

4. APPLICATION FEE:

An application fee of \$350.00 shall be submitted with the special exception permit form. Failure to approve the requested change shall not be deemed cause to refund the fee to the applicant.

5. CERTIFICATION:

The undersigned applicant, by signature, indicates his/her agreement to the conditions outlined in this permit, and will adhere to the West Okoboji, Iowa Zoning Regulations. The applicant also acknowledges and certifies under oath that the foregoing information is true and correct.

Signature of Applicant/Owner/Developer (or Authorized Representative)

Date

WEST OKOBOJI SPECIAL EXCEPTION PERMIT FORM (FOR USE BY THE CITY OF WEST OKOBOJI ONLY)

This application presented by the applicant has been reviewed for compliance with the West Okoboji Zoning Ordinance.

This petition for special exception permit is: Approved Denied as presented on this date: _____

Signed: _____ West Okoboji Zoning Administrator

Fee Collected \$350.00: _____ Check# _____

Copy Sent to Applicant on: _____