

COUNTY OF CEDAR
STATE OF IOWA

Application for Special Use Permit

Application No.: _____ Date: _____

Zoned: _____

Application is hereby made by: _____

Address: _____

City: _____ State _____

Unincorporated Town: _____

Lot _____ Block _____ Sec. _____, T- _____ N, R- _____ W

Legal Description: _____

Adjoining Property Owners:

Type of Special Use Proposed: _____

Lot or Tract Area: _____

Height of Structure: Stories: _____ Feet: _____

Location of Use or Structure on Premises: _____

Date of Completion: _____

(Proposed)

The undersigned applicant certifies under oath and under the penalties of perjury that the foregoing information is true and correct.

Signed: _____

Owner

Agent

Attach letter of explanation of request and site plan.

This permit is subject to annual review and renewal fee.

Zoning Commission Findings: _____

Board of Adjustment Findings: _____

Permit granted to proceed in accordance with information shown in this application.

Approved: _____

Administrative Officer

Recorded in: Book _____, Page _____ on _____