

AMANA COLONIES LAND USE DISTRICT

BOX 66 AMANA, IOWA 52203 PHONE: 319-622-3840

Instructions and Application for a Change of Use Permit

Please contact the Amana Colonies Land Use District (ACLUD) at 319-622-3840 or aclud@southslope.net for further details.

PERMIT:

All changes of use require a permit. All applications must be in writing.

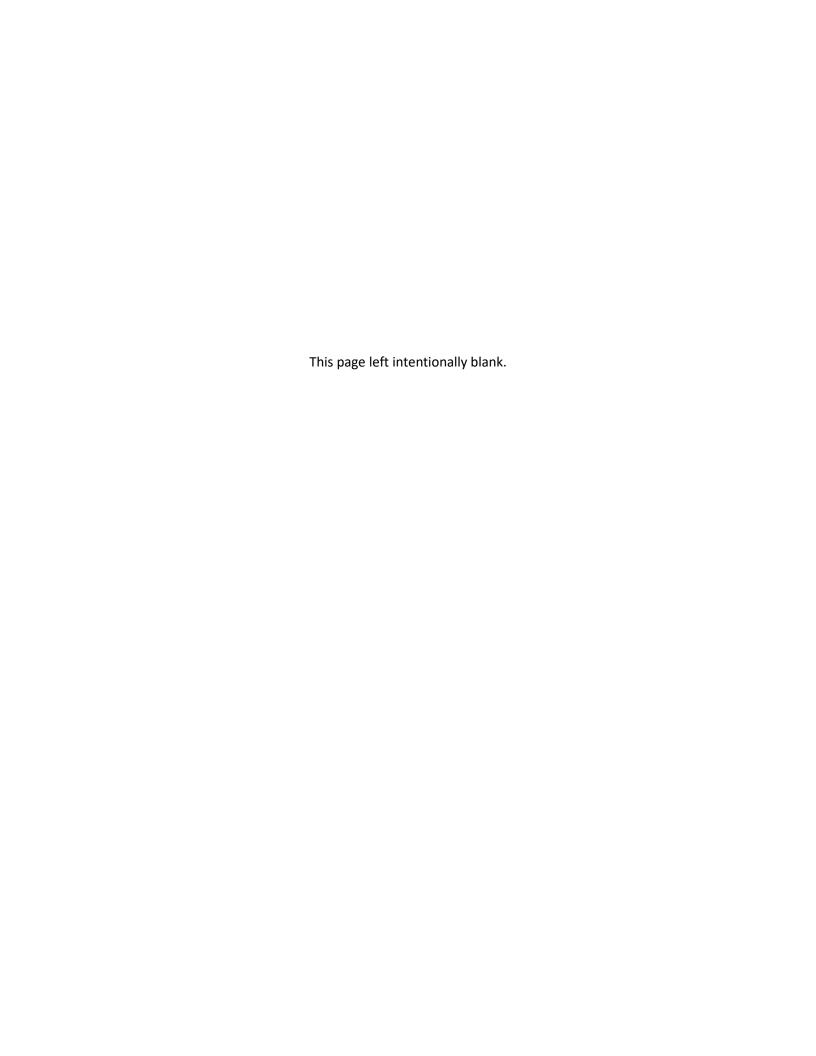
PERMIT PROCESS:

To obtain a permit, you must submit the attached application and a \$50.00 application fee. In most cases, the Land Use District Administrator can issue Change of Use Permits. If the Administrator is unable to issue the permit, the Application will move to the Amana Colonies Land Use District Board of Trustees. Currently, the Board of Trustees typically meets on the second Monday of the month. It is important for the applicant to attend this meeting and to answer questions from the Board.

The Board will approve or deny the application. If approved, the Administrator will issue the Zoning Permit, with any stipulations noted on the permit.

For further Information and Questions:

Contact the ACLUD Administrator at 319-622-3840 or aclud@southslope.net with any questions.





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Application No	Date		
APPLICATION FOR A C	HANGE OF USE PERMIT (r	not for use in Historic Preservation Dist	<u>tricts)</u>
Please type or print legibly in in	k.		
Property owner(s):		Phone:	
Mailing Address:			
E-mail:			
Applicant/Agent:		Phone:	
Mailing Address:			
E-Mail:			
Property address:		Zoning District: HP	
Legal Description (parcel ID# or I	ot/block number):		
Current use of the property:			
Requested change of use:			
What is the reason for the chang	ge of use request?		
Will any exterior changes be madexterior changes.	de to the property? If yes, desc	cribe in detail. Attach drawings or photographs	s to note the

Where are trash collection containers located? Will any containers need to be added? If so, show the proposed location for trash containers.

Will there be any additional traffic at the property if the change of use is approved? Explain.
Will additional parking be needed if the change of use is approved? If so, how will that additional parking be accommodated?
(Attach additional sheets if necessary)
CERTIFICATION:
 I/We, the undersigned, do hereby certify/acknowledge that: The information submitted herein is true and correct to the best of my/our knowledge and that upon submittal becomes public record; Fees are not refundable and payment does not guarantee approval; and All additional required written and graphic materials are attached.
Owner: Date:
Agent: Date:
For Administrator's Use Only
Administrator Action:Approved Denied date
Trustee Action: Approved Denied date
Fee of \$ received on by ACLUD Administrator.