



DEVELOPMENT SERVICES DEPARTMENT  
10 FIRST ST. NW  
MASON CITY, IOWA 50401  
641.421.3626

# REZONING

## APPLICATION PACKET PLANNING & ZONING COMMISSION and CITY COUNCIL APPROVAL REQUIRED

### GENERAL APPLICATION INSTRUCTIONS

Effective Date: May 1, 2024

#### APPLICATION:

Please complete and submit one (1) copy of **all required materials** included in this packet. Your application **will not** be placed on the Planning & Zoning Commission's next agenda until a complete application is received.

This Application Packet includes an *Application Form* to be filled out and signed by applicant. It also includes a *Petition* form to be signed by each property owner in the area subject to this rezoning application.

#### FILING DEADLINE:

The deadline to file an application for the Planning & Zoning Commission is the 15<sup>th</sup> of each month. Your case will be heard at the following month's meeting. All required information and materials must be filed with the Development Services Department by the filing deadline. The filing fee is required at the time the application is submitted.

**FEE:** \$125.00 + \$15/acre or part thereof.

#### MEETING TIME AND PLACE:

The Planning & Zoning Commission meets on the second Tuesday of each month at 7:00 p.m. in the 2<sup>nd</sup> floor conference room at City Hall, 10 First Street NW. The meetings are open to the public.

#### NOTIFICATION:

The City will mail a notice to all property owners within 350' of the property for which a rezoning has been filed. This notification enables neighbors an opportunity to learn about your application request. Citizens will also be allowed to present information or comment on the matter at the public meeting. In addition, a public notice will be published in the Globe Gazette and a public notice sign(s) will be posted by the City on the property subject to the rezoning application.

# REZONING

## Application Form

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**Applicant:** \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: \_\_\_\_\_  
(Home) (Business)

Email address: \_\_\_\_\_

**Contact Person, if different:** \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: \_\_\_\_\_  
(Home) (Business)

Email address: \_\_\_\_\_

**General location or street address(es) of proposed area of rezoning:**

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**Legal description of proposed area of rezoning:**

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(attach additional sheet if needed)

**Total area of proposed rezoning:** \_\_\_\_\_

**Existing zoning district:** \_\_\_\_\_

**Proposed zoning district:** \_\_\_\_\_

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Signature of Applicant\_\_\_\_\_

Name/Title:\_\_\_\_\_

Address:\_\_\_\_\_

\_\_\_\_\_

Phone No.:\_\_\_\_\_

Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

# PETITION FOR REZONING

**Only the property owner(s), as listed in the records of the Cerro Gordo County Auditor,  
or an authorized agent of the owner, may sign the petition.**

I (we) own property within the area described herein that is the subject of this rezoning application. I (we) understand that the request is for a rezoning from the \_\_\_\_\_ District to the \_\_\_\_\_ District. My (our) signature(s) on this petition indicates that I (we) support the proposed rezoning of the property.

Legal description of area proposed for rezoning: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach separate sheet if necessary.)

Signature of owner(s): \_\_\_\_\_

Name of owner(s): \_\_\_\_\_

Address of property: \_\_\_\_\_

Address of owner(s), if different: \_\_\_\_\_

Phone number of owner(s): \_\_\_\_\_

**This sheet may be reproduced as needed, but only petitions with original signatures  
may be presented.**