

# Petition to Change Zoning District

## Crawford County Planning & Zoning Commission

Phone: (712) 263-3447    Crawford County Assessor's Office    1202 Broadway    8:00 a.m.-4:30 p.m. M-F  
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Duane Zenk, Zoning Administrator – (712) 263-5307 dzenk@crawfordcounty.org

**Application is made by:** \_\_\_\_\_

\_\_\_\_\_  
*(Present Street Address)* *City, State, Zip*

Phone No. \_\_\_\_\_ Cell Phone \_\_\_\_\_

The undersigned is the (owner) (contract purchaser) (option purchaser) of the below described property located at (legal description) \_\_\_\_\_

Qtr. \_\_\_\_\_ Qtr. \_\_\_\_\_ Qtr. \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Parcel Number (s): \_\_\_\_\_

**Current Land Use:**  Agriculture  Residential  Other: \_\_\_\_\_  
 Industrial  Commercial

**Current Zoning:** \_\_\_\_\_ **Lot Area:** \_\_\_\_\_

**Proposed Zoning:** \_\_\_\_\_ **Proposed Use:** \_\_\_\_\_

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**Statement of Justification:** Attach a separate, legible and reproducible written narrative addressing each of the following:

1. **Project Description:** Describe, in detail, the nature of the proposed project for which the rezoning is being requested.
2. **Conformance to District Intent:** Demonstrate the conformance of the proposed use and zoning to the Statement of Intent for the District, and conformance of the proposed project to the District requirements.
3. **Compatibility with Surrounding Area:** Demonstrate the compatibility of the proposed zoning with the character of the immediate vicinity and use of adjacent property.
4. **Environmental Protection:** Describe the suitability and limitation imposed by the site's natural resources for potential development under the requested zoning classification.
5. **Facilities and Services:** Describe the impacts of the proposed project on public/private facilities and services including, as appropriate, transportation, water, waste treatment and police or fire protection.

**Site Plan Required:** A site plan, identifying all proposed lots and access must be attached and made part of this petition. The site plan shall clearly show the property under consideration.

**Surrounding Owners:** The Zoning Office will compile the list of names and addresses of ALL property owners of record within 1500 feet of the property under consideration.

**Required Fee:** This petition shall be accompanied by a **non-refundable** Rezoning Fee of **\$50.00** payable to *Crawford County Zoning*.

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

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*Signature of Applicant/Owner/Developer (or Authorized Representative) \_\_\_\_\_ Date \_\_\_\_\_*  
*\*If applicant is not the owner, attach a statement that the applicant is the authorized agent of the owner*  
*\*A dated and signed letter of acknowledgement must be included for each property owner within the area proposed for amendment*

<p><b><u>CRAWFORD COUNTY ZONING ADMINISTRATOR APPROVAL:</u></b></p> <p>The Zoning Change is <input type="checkbox"/> Approved <input type="checkbox"/> Denied as presented on the date: _____</p> <p>Signed: _____ Zoning Administrator</p> <p>Copy Sent to Applicant on: _____</p> <p>Zoning Change Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p><b><u>BOARD OF SUPERVISORS APPROVAL:</u></b></p> <p>Date Application Received: _____ Date Review Completed: _____</p> <p>This Zoning Change is: <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended</p> <p>Comments : _____</p> <p>Signed: _____ Supervisor Chairperson</p>
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