

1512 7TH Street
Coralville, IA 52241



Community Development Department
Phone: 319-248-1720
submittals@coralville.org

CONDITIONAL USE PERMIT APPLICATION

Address of Property: _____ Date: _____

Legal Description of Property: _____

Owner/Applicant Name: _____

Address: _____

E-Mail: _____ Phone: _____

Contact Name: _____
(If different from Owner /Applicant)

Address: _____

E-Mail: _____ Phone: _____

Reason for Request: _____

Submit Site Plan with Application

Submit Property Owner's names & addresses within 200' feet of affected property

(Submit properties / list on address labels or using Avery template #5160)

\$300 Fee – DUE WITH APPLICATION *Public Notice fees will be billed *following* scheduled meeting date

**Submit Conditional Use Application, Site Plan and supporting documents to the
City of Coralville Community Development Department**

Board of Adjustment Meeting Date: _____

Office Use Only

Fee Paid: \$ _____ Check #: _____ Date: _____

Board of Adjustment Hearing Date: _____

Public Hearing Advertised: _____

Property Owner Notifications Sent: _____

Board of Adjustment Decision: _____
