

1512 7TH Street
Coralville, IA 52241



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

BOARD OF ADJUSTMENT VARIANCE APPLICATION

Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Legal Description of Property: _____

Owner / Applicant Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Contact Name: _____

(If different from Owner / Applicant)

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Reason for Request: _____

Submit Site Plan with Application

Submit Supporting Documents

Submit Property Owner's names & addresses within 200' feet:

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

***\$300 Fee** **due with Application* **Public Notice fees will billed following scheduled meeting*

**Submit Variance 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: _____