

1512 7TH Street
Coralville, IA 52241



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

ZONING DISTRICT AMENDMENT PETITION

Date: _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Legal Description of Property: _____
Owner / Applicant Name: _____
E-Mail: _____ **Phone:** _____
Contact Name: _____
(If different from Owner / Applicant)
E-Mail: _____ **Phone:** _____
Reason for Request: _____

Amendment Would Rezone the Property From: _____ **To:** _____

Submit: **Concept Development Plan**
 Existing & Proposed Zoning Exhibits
 Vicinity/Site Map
 Submit .shp or .dwg file of amendment boundary
 Submit Property Owner's names & addresses within 200' feet of affected property
 (Submit properties / list on address labels or using Avery #5160 template)
 ***\$300 Fee** **due with Amendment Petition* **Public Notice fees will be billed following scheduled meeting date*

**Submit PUD Site Plan Amendment Application and supporting documents to the
City of Coralville Community Development Department**

Office Use Only

Fee Paid: \$ _____ **Check #:** _____ **Date:** _____
Public Hearing Advertised: _____
Property Owner Notifications Sent: _____
Planning & Zoning Public Hearing Date: _____
Planning & Zoning Recommendation: _____

City Council Public Hearing Advertised: _____
City Council Hearing Date: _____
City Council Decision: _____

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ZONING DISTRICT AMENDMENT PETITION Property Owner's Within 200'

Date: _____

Address of Property: _____

Legal Description of Property: _____

Owner / Applicant Name: _____

E-mail: _____ Phone: _____

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

- *Submit properties / list on address labels or use Avery #5160 template*

OR

- *Five or less addresses, use lines below to enter property information*

Name

Address

City

State

Zip

1. _____
2. _____
3. _____
4. _____
5. _____

**Submit Property Owner's List and any supporting documents to the
City of Coralville Community Development Department**