



AMANA COLONIES LAND USE DISTRICT

BOX 66 AMANA, IOWA 52203 PHONE: 319-622-3840

Application No. _____ Date _____

APPLICATION FOR ZONING PERMIT (AND CERTIFICATE OF COMPLIANCE where required) IN NON-HISTORIC DISTRICTS

Owner _____ Mailing Address _____

Agent _____ Mailing Address _____

Email address _____ Phone Number _____

For Property Located at: _____ and which is legally described as _____ in the _____ zoning district.

Description of work proposed (include sketch/site plan, colors, materials, dimensions, configuration, and other applicable details)

The undersigned applicant certifies that the foregoing information is true:

Owner _____ Agent _____

For Administrator's Use Only

Required and appropriate drawings and information included/attached? _____

Information needed:

_____ Site Plan required, reviewed by Administrator on _____ and findings attached.

Administrator Action: _____ Approved _____ Denied on _____

HPC Action: _____ Approved _____ Denied on _____

Trustee Action: _____ Approved _____ Denied on _____

Certificate of Zoning Compliance required? _____

Fee of \$ _____ received on _____ by ACLUD Administrator