



## **Instructions and Application for a Change of Use Permit in a Historic Preservation District**

The historic preservation districts of the Amana Colonies were established to preserve the physical heritage of this National Historic Landmark. To further that objective, regulations were established to ensure that the physical integrity of the historic structures be maintained or restored.

Please contact the Amana Colonies Land Use District (ACLUD) at 319-622-3840 or [aclud@southslope.net](mailto:aclud@southslope.net) for further details.

### **PERMIT:**

All changes of use require a permit. All applications must be in writing.

### **PERMIT PROCESS:**

To obtain a permit, you must submit the attached application and a \$25.00 application fee. Complete applications must be submitted at least one week before a Historic Preservation Commission meeting.

The application will be reviewed by the Historic Preservation Commission (HPC) at their meeting, usually held on the fourth Monday of each month. **It is important that you attend this meeting as the HPC may have questions regarding the project or may ask for additional information.** Failure to appear could result in a delay in acting on the application.

When the HPC is ready to act, it will recommend to the Board of Trustees either approval or disapproval of the application. Recommendations for approval may include specific stipulations.

The application then moves to the Board of Trustees of the Amana Colonies Land Use District, which also meets monthly, currently on the second Monday of the month. **Again, it is important for the applicant to attend this meeting and to answer questions from the Board.**

The Board of Trustees will review the recommendation of the HPC and conduct any further inquiries that it deems necessary. The Board will approve or deny the application. If approved, the Board will issue a Certificate of Approval directing the Administrator to issue the Zoning Permit, with any stipulations noted on the permit.

### **For further Information and Questions:**

Contact the ACLUD Administrator at 319-622-3840 or [aclud@southslope.net](mailto:aclud@southslope.net) with any questions.

This page left intentionally blank.



AMANA COLONIES LAND USE DISTRICT

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

Application No. \_\_\_\_\_ Date \_\_\_\_\_

**HISTORIC DISTRICT - APPLICATION FOR A CHANGE OF USE PERMIT**

**Please type or print legibly in ink.**

Property owner(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Applicant/Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Property address: \_\_\_\_\_ Zoning District: HP- \_\_\_\_\_

Legal Description (parcel ID# or lot/block number): \_\_\_\_\_

Current use of the property: \_\_\_\_\_

Requested change of use: \_\_\_\_\_

What is the reason for the change of use request?

Will any exterior changes be made to the property? If yes, describe in detail. Attach drawings or photographs to note the exterior changes.

Where are trash collection containers located? Will any containers need to be added? If so, show the proposed location for trash containers.

Will there be any additional traffic at the property if the change of use is approved? Explain.

Will additional parking be needed if the change of use is approved? If so, how will that additional parking be accommodated?

(Attach additional sheets if necessary)

**CERTIFICATION:**

I/We, the undersigned, do hereby certify/acknowledge that:

- 1. The information submitted herein is true and correct to the best of my/our knowledge and that upon submittal becomes public record;
- 2. Fees are not refundable and payment does not guarantee approval; and
- 3. All additional required written and graphic materials are attached.

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Agent: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
*For Administrator's Use Only*

HPC Action: \_\_\_\_\_ *Approved* \_\_\_\_\_ *Denied*                      *date* \_\_\_\_\_

Trustee Action: \_\_\_\_\_ *Approved* \_\_\_\_\_ *Denied*                      *date* \_\_\_\_\_

*Fee of \$* \_\_\_\_\_ *received on* \_\_\_\_\_ *by ACLUD Administrator.*