



# ZONING CONDITIONAL USE PERMIT

**MILLS COUNTY, IOWA**  
**BUILDING & ZONING DEPARTMENT**  
 403 RAILROAD AVENUE  
 GLENWOOD, IA 51534  
 Phone: 712-527-4347  
 Fax: 712-527-4439  
 Website: www.millscoia.us

| Application Fee: <b>\$250</b>   |  | Township: | Application #:                                  |           |
|---|--|-----------|---|-----------|
| Receipt #:  |  |           |   |           |
| SITE ADDRESS:   |  |           | PARCEL NUMBER:                                  |           |
| LEGAL DESCRIPTION: <input type="checkbox"/> Attachment  |  |           | ACREAGE:  |           |
| ZONING DISTRICT : <input type="checkbox"/> <b>AG</b> (Agricultural) <input type="checkbox"/> <b>AR</b> (Agricultural-Residential) <input type="checkbox"/> <b>LH</b> (Loess Hills Conservation Develop.)<br><input type="checkbox"/> <b>V</b> (Village) <input type="checkbox"/> <b>C-1</b> (Convenience Commercial) <input type="checkbox"/> <b>C-2</b> (Highway Oriented Commercial)<br><input type="checkbox"/> <b>I</b> (Industrial) <input type="checkbox"/> <b>OS</b> (Open Space)  |  |           |   |           |
| PROPERTY OWNER NAME:  |  |           | PHONE NUMBER:                                   |           |
| PROPERTY OWNERS MAILING ADDRESS:  |  |           | STATE:<br><b>IA</b>                             | ZIP CODE: |
| EMAIL ADDRESS:  |  |           | DATE OF PREVIOUS APPLICATION SUBMITTED, IF ANY: |           |
| CURRENT USE OF PROPERTY:  |  |           |   |           |
| PROPOSED USE DESCRIPTION:   |  |           |   |           |
| TYPE OF CONDITIONAL USE   |  |           |   |           |
| BE AS SPECIFIC AS POSSIBLE AND CITE CODE SECTION LISTING USE AS PERMITTED CONDITIONAL USE <i>(provide attached documents if needed)</i>   |  |           |   |           |
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> |  |           |   |           |
| <p><b>*Note: Seven (07) copies of a Site/Plot Plan is REQUIRED to be attached to this application, showing size of lot, dimensions, &amp; locations of principal building(s) on lot, dimensions &amp; location of any new structures to be built on lot, location of well &amp; septic systems, and setbacks of any new structures to property lines, drainage (if applicable) and road Right-of-Way (R-O-W). The R-O-W is an easement for site access purposes. And provide Seven (07) copies of all additional written material or documents accompanying this application.</b></p>   |  |           |   |           |

**PROVIDE ATTACHMENT OF: Names and addresses of all other persons, Firms, ETC. Having a legal connection to the property to be considered for variance.**



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**INCOMPLETE FORMS WILL NOT BE ACCEPTED!**

I HEREBY CERTIFY THAT ALL OF THE ABOVE STATEMENTS AND THE STATEMENTS CONTAINED IN A NY PAPERS OR PLANS SUBMITTED HERewith ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

OWNERS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 PRINT OWNERS NAME \_\_\_\_\_

### Mills County Building and Zoning Use Only

|                     |              |                          |
|---------------------|--------------|--------------------------|
| Zoning District # : | Filing Date: | Received By:             |
| Zoning Action:      |              | Date:                    |
| Council Action:     |              | Date:                    |
|                     |              | Effective/Approval Date: |

**Please make be certain that you want to proceed with this project when you submit your application.  
 The fees that you submit are not refundable once the application is submitted.**