



Dubuque County Zoning  
 13047 City View Dr, Dubuque IA 52002  
 Phone: (563) 589-7827 Fax: (563) 589-7868  
 www.dubuquecounty.org

**APPLICATION FOR REZONING or AMENDMENT TO:  
 DUBUQUE COUNTY ZONING ORDINANCE**

*(A complete Site Plan is required with this application or the application will  
 be returned for more information.)*

**CASE #ZC** \_\_\_\_\_ **APPLICATION DATE:** \_\_\_\_\_

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant \_\_\_\_\_ Phone: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**The following change in the Zoning Ordinance is requested:**

**TO REZONE FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
*Present Zoning Use Proposed Classification*

**The zoning change is proposed to permit the following proposed use:**

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**Site Address:** \_\_\_\_\_

**Parcel #** \_\_\_\_\_

**Total area to be rezoned:** \_\_\_\_\_ *Acre(s)/More or Less*

\_\_\_\_\_ **SQ. FT.**

**Legal Description:**

*(Attach a Site Plan of the proposed property to be rezoned.)*

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**Layman's**

**Description:** \_\_\_\_\_

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**Date of Previous Application** *(if any):* \_\_\_\_\_

**NOTE:** ALL PROPERTY OWNERS WITHIN 500 FEET OF ANY BOUNDARY OF THE ABOVE-DESCRIBED PROPERTY WILL BE NOTIFIED.

**CERTIFICATION:** *I/we, the undersigned, do hereby certify that:*

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

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Return to: DUBUQUE COUNTY ZONING, 13047 CITY VIEW DRIVE, DUBUQUE, IA 52002***

***HOURS: 8:00 A.M. - 4:30 P.M.***

***Include \$250 Application Fee Payable to: Dubuque County Treasurer***

<b>**OFFICE USE ONLY**</b>	
<b>FEE:</b> _____	<b>DATE PAID:</b> _____
<b>PUBLICATION DATE:</b> _____	
<b>SUPERVISOR'S MEETING DATE:</b> _____	
<b>DECISION:</b> _____	