

Planning & Development Division

1225 6th Avenue, Marion, Iowa 52302 Phone: (319) 743-6320 Email: planning@cityofmarion.org www.cityofmarion.org

Rezoning Checklist and Submission Requirements

	A completed	d Project Application <u>must</u> ac	company this checkl	list
PROJECT NAME	::			
PROPERTY INFO	DRMATION:			
	-	ion for each parcel in the rezoning vide the acreage for each zoning		_
Existing Zoning	Proposed Zoning	Current Use	Proposed Use Area in square feet or acres	
SUBMITTAL REC	QUIREMENT	S:		
Site Location (ger	neral location	if no assigned address):		
Existing Future La	and Use Map	Designation:		
Proposed Future	Land Use Ma	p Designation (if applicable):		
Is this rezoning being requested to correct a zoning violation?			Yes:	No:
Are there existing		Yes:	No:	

Provide the **legal description** for each zoning district included in request. Email a digital copy (MS Word) to planning@cityofmarion.org as well.

Provide an **exhibit** clearly indicating property to be rezoned, including the existing zoning district and proposed zoning district. Nearby streets, property lines, existing zoning districts within 600 feet of the property and other signification features which may have a bearing upon the request shall also be included.

Rezoning Checklist and Submission Requirements (continued)

State why the rezoning request is necessary. (use additional sheets if necessary)				
Briefly describe how the project will be designed to be compatible with adjoining development and any applicable plan policies. (use additional sheets if necessary)				
IMPORTANT DATES AND TIMES*:				
 The deadline for Planning and Zoning Commission submittals is the first business day of the month for the following month's meeting. 				
• The Planning and Zoning Commission meets at 6:00 p.m. on the second Tuesday of every month.				
• The Marion City Council meets at 5:30 p.m. on the first Thursday of the first full week of the month and the third Thursday of every month.				
*Meeting dates and times are subject to change and may be found on the City of Marion website.				
ALL OWNERS MUST PROVIDE A SIGNATURE FOR THE REZONING REQUEST:				
Signature of owner: Date:				
Please print name:				
Signature of owner: Date:				
Please print name:				
Signature of owner: Date: Please print name:				