

**LAND USE PERMIT APPLICATION**  
**POLK COUNTY COMMUNITY DEVELOPMENT DEPARTMENT, PLANNING DIVISION**

COMPLETED BY STAFF	
Received By: _____	<input type="checkbox"/> Conditional Use <input type="checkbox"/> Comp. Plan Amendment
Date Submitted: _____	<input type="checkbox"/> Farm Dwelling <input type="checkbox"/> Replacement Dwelling
Application No.: _____	<input type="checkbox"/> Forest Dwelling <input type="checkbox"/> Variance
Fee: _____	<input type="checkbox"/> Land Use Determ. <input type="checkbox"/> Zone Change
Fee Paid: _____	Staff Notes:
Receipt No.: _____	

Please type or clearly print all of the requested information below.

**I. PROPERTY OWNER(S)**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Email (optional) \_\_\_\_\_

**II. APPLICANT (IF DIFFERENT THAN OWNER)**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Email (optional) \_\_\_\_\_

**III. PROPERTY**

Location or Address \_\_\_\_\_ Tax Acct. No. \_\_\_\_\_ Acreage \_\_\_\_\_  
Township \_\_\_\_\_; Range \_\_\_\_\_; Section(s) \_\_\_\_\_; Tax Lot(s) \_\_\_\_\_  
Comp. Plan Designation \_\_\_\_\_ Zone \_\_\_\_\_  
School District: \_\_\_\_\_ Fire District: \_\_\_\_\_  
Water Service Type: \_\_\_\_\_ Sewage Disposal Type: \_\_\_\_\_

**IV. REQUEST SUMMARY** (Example: "To establish a small tract template dwelling in the TC Zoning District.")

---



---



---

**V. ATTACHED WRITTEN STATEMENT.** With all land use applications, the "burden of proof" is on the applicant. It is important that you provide information that clearly describes the nature of the request and indicates how the proposal complies with all of the applicable criteria within the Polk County Subdivision and Partition Ordinance (PCSO) and/or the Polk County Zoning Ordinance (PCZO). You must address each of the Ordinance criteria on a point-by-point basis in order for this application to be deemed complete. A planner will explain which sections of the Ordinance pertain to your specific request.

The information described below is required at the time you submit your application. The processing of your application does not begin until the application is determined to be complete.

An incomplete application will postpone the decision, or may result in denial of the request. *Please mark the items below to ensure your submittal is complete.*

Application Check List

- A.  A written statement of intent, attached to this application, with necessary supporting evidence which fully and factually describes the following:
  - 1.  A complete explanation of how the request complies with the applicable provisions and criteria in the Zoning Ordinance. A planner will explain which sections of the Ordinance pertain to your specific request. You must address each of the Ordinance criteria on a point-by-point basis in order for this application to be deemed complete.
  - 2.  A description of the property in question, including, but not limited to the following: size, vegetation, crops grown, access, existing buildings, topography, etc.
  - 3.  A complete description of the request, including any new structures proposed.
  - 4.  If applicable, documentation from sewer and water district showing availability for connection.
  
- B.  A plot plan (map) of the property. Please indicate the following on your plot plan:
  - 1.  Location of all existing and proposed buildings and structures
  - 2.  Existing County Road, public right-of-way or other means of legal access
  - 3.  Location of any existing septic systems and designated repair areas
  - 4.  Limits of 100-year floodplain elevation (if applicable)
  - 5.  Vegetation on the property
  - 6.  Location of any outstanding physical features
  - 7.  Location and description (paved, gravel, etc.) of vehicular access to the dwelling location
  
- C.  A copy of the current deed, including the legal description, of the subject property. Copies may be obtained at the Polk County Clerk's Office.

**I certify that this application and its related documents are accurate to the best of my knowledge. I am aware that there is a twelve (12) day appeal period following the date of the Planning Director's decision on this land use action. I understand that the signature on this application authorizes representatives of the Polk County Community Development Department to enter upon the subject property to gather information pertinent to this request. If the application is signed by an agent, the owner's written authorization must be attached.**

---

---

**Signatures of owners that appear on deed and/or authorized agent  
\*If signed by an agent, owner's written authorization must be attached.  
\*Electronic signatures are not accepted.**

**PLEASE NOTE: THIS APPLICATION MUST BE RETURNED IN PERSON.**