

Waverly Zoning Department 200 1st St. NE PO Box 616 Waverly, IA 50677 <u>zoning@ci.waverly.ia.us</u> (319) 352-9208

SPECIAL PROVISIONAL USE AMENDMENT APPLICATION

Applicant:		Date:
Name:		
Home Mailing Address:		
Email:	Phone:	
Special Provisional Use	Property:	
Owner(s):		
Property Address:		
Property Zoning Classifica	tion:	
Special Provisional Use Ap	proval Date:	
Summary of Proposal (Red (Include Separate Sheet if Necessa	quired): ary. Also Attach Site Plan When Specified in Section	100 of City Code.)
	the property owner requesting a special hearing. The Community Developmen	•
Owner/Applicant Signa	ature(s)	
		Date:
		Date:
	For Office Use Only	
Person Accepting Application:		
City Code Chapter/Provisional L	Jse requested:	
Date Accepted/Approved: -	- / Person Approving	Application: