



Waverly Zoning Department
200 1st St. NE PO Box 616
Waverly, IA 50677
zoning@waverlyia.com
(319) 352-9208

**SPECIAL PROVISIONAL USE
APPLICATION**

Applicant:

Date: _____

Name: _____

Home Mailing Address: _____

Special Provisional Use Property:

Owner(s): _____

Property Address: _____

Property Zoning Classification: _____

Planned Use: _____

Summary of Proposal (Required):

(Include Separate Sheet if Necessary. Also Attach Site Plan When Specified in Section 100 of City Code.)

Those within 250 feet of the property owner requesting a special provisional use will be notified of a public hearing. The Community Development Office will notify owners.

Owner/Applicant Signature(s)

_____ Date: _____

_____ Date: _____

For Office Use Only

Person Accepting Application Submittal: _____

City Code Chapter/Provisional Use requested: _____

Date Accepted/Approved: - - / - - Person Approving Application: _____