## **CITY OF SIOUX CITY**

**Applicant Profile Form** 

procedures.

(Complete along with the appropriate application form. Not required with the Design Review Committee Request Form)

Planning Division Room 308 405 6<sup>th</sup> Street P.O. Box 447 Sioux City, IA 51102-0447



Before completing, read the entire Applicant Profile Form and related application. A pre-application conference is **required** for all applications for cluster, mixed housing, and planned neighborhoods; traditional neighborhood development, as well as applications for development in the Airport Protection (AP), Casino Entertainment (CE), Historic Area (HA), and Public Institutional (PI) zoning districts. However, pre-application conferences may be requested for any development type.

PETITI	ONER/AP	PLICANT IN	FORMATION								
Name											
Street Ad	ldress										
City				State			ZIP				
Phone				E-mail Ado		ress					
Petitioner	r's interest operty	Owner	Contract Buyer □	Architect	: 🗆	Other:	Other:				
PROPERTY OWNER (IF DIFFERENT)											
Name											
Street Ad	ldress										
City						ZIP					
Phone	none			E-mail A	nail Address						
LEGAL DESCRIPTION (IF LEGAL IS TOO LONG, NOTE BELOW AND ATTACH TO THE APPLICATION)											
PLANN:	ING AND	ZONING DIV	ISION REQUESTS	5							
determi recomm	nation is nendation o	nade by the F	Planning and Zoning oards, or Commission	Commis	ssion, B	oard of Adju	ıstment, Adm	inist	Sign Code is determined. A crator, or City Council upon res are listed in <i>Subchapter</i>		
□Vacatio	□Vacation		☐Site Plan / Development Concept Plan		□Co	□Conditional/Limited Use Permit			Certificate of Appropriateness		
□Zone Change			☐ Major changes to a Site/Concept Plan			□Temporary Use Permit			Designation of Historic e/Landmark		
□Sign Permit			☐Minor Changes to a Site/Concept Plan			□Appeal			□Accessory Dwelling Unit		
□Minor N	☐Minor Modification		□Zoning Compliance Certificate		□Va	□Variance			□Avigation Permit		
□Right-of-Way Encro		oachment	□Sign Design Program						☐Interchange Development		
□Text Aı	mendment		□Interpretation						☐ Preliminary/Final Plat		
SIGNAT	TURE										
Property Owner's Signature:					Application Da		ate:				
applicat	ion. A copy	of the entire	Sioux City Zoning a	nd Sign	Code is	available in	the Planning	Divis	or after submission of the sion office or under Title 25 for the complete review		

For Office Use Only File Number: Staff Reviewer:

## **CITY OF SIOUX CITY**

Application for a Vacation or Easement of Public Ground (Complete along with the Applicant Profile Form)

Planning Division Room 308 405 6<sup>th</sup> Street P.O. Box 447 Sioux City, IA 51102-0447



SUBJECT PRO	PERTY INF	ORMATION									
Owner											
Street Address											
Zoning District			Lot Area								
Existing Use											
REQUEST											
Requested Appro	oval Uvacation of public ground (\$275 filing fee)		☐ Easement of p filing fee)	ublic ground (\$275	☐ Easement clearing title (\$300 filing fee)						
Existing Use	☐ Public	street	☐ Public alley		□ Other	public ground					
WRITTEN ST	ATEMENT O	F REQUEST									
INFORMATIO	ON CHECKLI	ST									
□ □ N/A	A survey by a Certified Land Surveyor licensed in the State of Iowa if necessary to describe the property.										
	A completed offer to purchase the entire legally described vacation unless an abutting property owner requests to purchase the half abutting their property. Please include the contact information of purchaser if requesting vacation.										
	A general area	a map showing the subject are	ea and request.								
	Completed Applicant Profile Form										
	Filing fee of \$275 for vacations and easements, \$300 for an easement clearing title.										
SIGNATURE											
Owner/Petitioner's Signature:				Application	on Date:						
application. A	copy of the e	please contact the City P ntire Sioux City Zoning and odeplus.com/regs/siouxcit	d Sign Code is ava								

For Office Use Only File Number: Staff Reviewer: