

## APPLICATION FOR CONDITIONAL USE PERMIT

City of Manchester, IA | 208 E Main Street | Manchester, Iowa 52057 Timothy J. Vick, City Manager 563.927.1116 Tim Heims, Building/Zoning Official 563.920.0867

## RETURN APPLICATION TO: tvick@manchester-ia.org

Application Date

This form is not an actual permit. It should be used as a worksheet to help gather the necessary information. Plan review and zoning inspection is necessary before a permit can be issued. Please submit form to City of Manchester City Manager.

	Approval Date	
	Shaded Box For Office Use Only	
Project Location		
Address	Request Submitted to Building Depart	rtment
<u>Applicant</u>		(Date)
Name	Reviewed by Planning &	Zoning
Address		(Date)
Phone	Board of Adj Public Hearing Se	<b>t</b> (7&20)
Applicant's Legal Interest in the Property		(Date)
Title leading or are	City befores at an	
<u>Titleholder (if different than applicant)</u>	Site Information	
Name	Current Zoning Classification	
Address	County Aerial Photograph or Plat	☐Yes ☐ No ☐ NA
Phone	Plat of Survey, Final Plat or Survey	☐Yes ☐ No ☐ NA
	Zoning Districts w/i 600ft identified	☐Yes ☐ No ☐ NA
Property Legal Description (please attach)	Type of Conditional Use Proposed	
Standards for Review (City of Manchester Code of Ordinano	• •	
Is the conditional use applied for permitted in the zoning district wi	thin which the property is located.	☐Yes ☐ No ☐ NA
Will the proposed use and development be in accord with the intenand the City's Comprehensive Plan.	t and purpose of the Zoning Ordinance	☐Yes ☐ No ☐ NA
Will the proposed use and development have a substantial adverse	effect upon:	
adjacent property		☐Yes ☐ No ☐ NA
the character of the neighborhood		☐Yes ☐ No ☐ NA
traffic conditions		Yes No NA
	parking	Yes No NA
	utility and service facilities	Yes No NA
other factors affecti	ng the public health, safety and welfare	Yes No NA
Will the proposed use or development be located, designed, constr that it will be compatible with the immediate neighborhood and will development and improvement of surrounding property.		☐Yes ☐ No ☐ NA
Have adequate measure been or will be taken to assure adequate s facilities including utilities, storm water drainage and similar facilities		☐Yes ☐ No ☐ NA
Building Department Signature		
Date		-