



**Land Use Application**  
**Conditional Use | Rezoning | Variance**

**Application Type**

- Conditional Use (Board of Adjustment)
- Rezoning (Planning & Zoning Commission)
- Variance (Board of Adjustment)

Case No.: \_\_\_\_\_

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**Property Information**

Address / Location: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_

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**Property Owner**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Applicant / Representative (if different from owner)**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Request Details**

**Rezoning Request (if applicable):**

From Zone: \_\_\_\_\_ To Zone: \_\_\_\_\_

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**Description of Request / Proposed Improvement:**

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**Previous Applications**

Has a previous application been filed for this property?

- Yes  No

If yes, please explain (include date and type):

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**Required Attachments (check all that apply)**

**Rezoning Applications:**

- Map/diagram of affected area
- List of property owners within 200 feet

**Variance Applications:**

- List of property owners within 200 feet

**Conditional Use Applications:**

- Supporting documentation related to request

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**Applicant Certification**

I certify that the information provided is true and correct to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Filing Information**

- **Application Fee:** \$100 (non-refundable)
- Please submit completed application and attachments using one of the following methods:
  - Email: info@cityoflarchwood.org
  - Drop off: City Clerk's Office | Night Depository Box
  - Mail: City of Larchwood, PO Box 216, Larchwood, IA 51241

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**\*\*Office Use Only\*\***

**Date Filed:** \_\_\_\_\_

**Received By:** \_\_\_\_\_

**Planning & Zoning Commission (if applicable)**

Date Received: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

Recommendation: \_\_\_\_\_

**City Council (if applicable)**

Date Received: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_

**Board of Adjustment (if applicable)**

Date Received: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_