



City of Fayette
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REQUEST FOR CHANGE OR VARIANCE TO THE CITY OF FAYETTE ZONING ORDINANCE

Applicant Name: _____ Date: _____

Mailing Address: _____ Phone: _____

City, State, Zip Code: _____ Email: _____

Date Paid Application Fee of \$45.00: _____

I hereby request:

- _____ Interpretation of the Zoning Ordinance or map
- _____ Special Exception to the Ordinance
- _____ Variance from the Ordinance requirements
- _____ Rezone from one district to another district
- _____ Approval of preliminary plat for a subdivision

Plat Area _____ Acres
 Road R.O.W. _____ Acres
 Net Area _____ Acres

Title of Property or Subdivision

Legal Description and Acreage (if required), otherwise, Street Address of the Property:

Remarks: Explain the reason for your request for this application.

I certify that the above information as submitted herewith is, to the best of my knowledge, true and accurate.

Signed _____
(Applicant)

Signed _____
(Zoning Administrator)