

Clarke County Environmental Services

Sanitarian • Zoning • Emergency Management

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APPLICATION FOR CONDITIONAL USE PERMIT

Date: _____

Application is hereby made by: _____ Phone #: _____

(PO Box/Street Address)

(City)

(State)

(Zip Code)

Pursuant to Section 9.C(1) the Board of Adjustment may, after public hearing, grant a conditional use permit for the following uses subject to the provisions herein.

Property Owner: _____ Phone #: _____

(PO Box/Street Address)

(City)

(State)

(Zip Code)

LEGAL DESCRIPTION: _____

Reason for Conditional Use: _____

Property owners within five hundred (500) feet of conditional use site:

(Name)

(PO Box/Street)

(City)

(State)

(Zip Code)

(Name)

(PO Box/Street)

(City)

(State)

(Zip Code)

(Name)

(PO Box/Street)

(City)

(State)

(Zip Code)

(Name)

(PO Box/Street)

(City)

(State)

(Zip Code)

(Name)

(PO Box/Street)

(City)

(State)

(Zip Code)

Office Use Only

Date Application Received: _____ Public Hearing Set For: _____

Notice to Paper: _____ Date to be Published: _____ Notice vs Hearing: _____

Board of Adjustment Decision: _____ Conditions: _____