Clarke Co Zoning

144 W. Jefferson, Osceola, IA 50213

P: 641-223-8299 F: 641-342-2603

jconley@clarke county iowa.org

www. clarke county public health. org

APPLICATION FOR SPECIAL USE PERMIT

To; Zoning Board of Adjustment % Zoning Administrator DA				
Application is hereby submitted by:				
(City)		(State)	(ZIP)	
	Phone	::		
(City)		(State)	(ZIP)	
_	•			
from Section	Item of th	e Clarke Cou	unty Zoning	
	Signature of applicar	nt/contract pui	rchaser/agent	
	Telephone	number		
	(City) Zoning Ordinand ragent, hereby prom Section	(City) Zoning Ordinance and Chapter 335 r agent, hereby petitions for a Specific from Section Item of the of the of the of applicant of applicant content of applicant co	(City) (State) Phone: Phone: (City) (State) Zoning Ordinance and Chapter 335 of the Code ragent, hereby petitions for a Special Use perm rom Section Item of the Clarke Cou	

Date Received:_