

**Clarke Co Zoning**  
144 W. Jefferson, Osceola, IA 50213  
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**www.clarkecountypublichealth.org**

**APPLICATION FOR VARIANCE**

To; Zoning Board of Adjustment % Zoning Administrator      DATE: \_\_\_\_\_

Application is hereby submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
(911 Address-site)      (City)      (State)      (ZIP)

Property Owner (If different from above): \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
(911 Address-site)      (City)      (State)      (ZIP)

Pursuant to Section 18.4(2) of the Clarke County Zoning Ordinance and Chapter 335 of the Code of Iowa, the undersigned owner, contract purchaser, or agent, hereby petitions for a Variance on property described as follows:

Legal Description (Or attach copy of Deed): \_\_\_\_\_

\_\_\_\_\_

Appeal is made from Section \_\_\_\_\_ Item \_\_\_\_\_ of the Clarke County Zoning Ordinance, which requires that \_\_\_\_\_

\_\_\_\_\_

SIMMARY OF FACTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of applicant/contract purchaser/agent

\_\_\_\_\_  
Telephone number

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