



FOR OFFICE USE ONLY:  
**ZONING NUMBER:** \_\_\_\_\_

Johnson County Public Health  
855 S. Dubuque Street Suite 217 \* Iowa City, Iowa 52240 \* 319/356-6040 \* Fax: 319/356-6044

## Johnson County Public Health Zoning Application

Applicant Name:	Phone Number: (    )		
Address:	City:	State:	Zip:

**NOTE: THIS APPLICATION NEED NOT BE SUBMITTED FOR FINAL PLATS.**

TYPE OF ZONING REQUEST:	APPLICATION FEE:
<input type="checkbox"/> Zoning reclassification from _____ to _____	\$75.00 Application Fee
<input type="checkbox"/> Combined preliminary and final plat	\$50.00 + \$20.00 per Lot Application Fee*
<input type="checkbox"/> Preliminary plat using private onsite/centralized waste water systems	\$50.00 + \$20.00 per Lot Application Fee*
<input type="checkbox"/> Conditional Use Permit	\$25.00 Application Fee

**\*Outlots Exempt**

**Application Fee \_\_\_\_\_ + Lot Fee (if applicable)**  
**(Number of lots \_\_\_\_\_ Minus Number of Outlots = \_\_\_\_\_ x \$20.00 Fee Per Lot)**  
**= Enclosed Fee \_\_\_\_\_**

**PLEASE RETURN THIS APPLICATION AND APPROPRIATE APPLICATION FEE TO:**

**JOHNSON COUNTY PUBLIC HEALTH**  
**855 S. DUBUQUE STREET SUITE 217**  
**IOWA CITY, IA 52240**

**The application and fee must be received by the department NO LESS THAN 24 HOURS prior to the Johnson County Zoning commission public hearing and/or the Johnson County Zoning Board of Adjustment.**

No refund shall be made of any required fee accompanying a required application once filed with the administrative officer.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_