





JOHNSON COUNTY, IOWA

APPLICATION FOR: CONDITIONAL USE PERMIT

APPLICATION FOR: CONDITIONAL O	SE PERIVIT
briefly describe the proposed use [e.g. Home Industry	the official use as listed in the Johnson County UDO, and for Antique shop, Special Events for Corn Maze, etc.]):
Accessory Owellin	g. Unit
On property located at (street address if available of 4330 480 th Street S.	r layman's description): E, Lowa City, IA
Parcel Number(s): 1502451003	•
The property consists of total acres, and	lis currently zoned Agriculture
Development Ordinance and any other conditions de	ny conditions outlined in chapter 8:1.23 of the Unified emed appropriate by the board of Adjustment to protect afety, and welfare.
affirms that the owner(s) of the property described on thi	rein is true and correct. If applicant is not the owner, applicant is application consent to this application being submitted, and ohnson County Planning, Development, and Sustainability to
Patricia J Kry Koski Name of Owner	Name of Applicant (if different)
4330 480th Street SE	Towa City, Iowa 52240
Applicant Street Address (including City, State, Zip)	
Applicant Phone Applicant Em	all
, , , , , , , , , , , , , , , , , , ,	

See back page for Application Submittal Requirements and Checklist

Applications should be emailed to planning@johnsoncountyiowa.gov and delivered to the Planning,

Development and Sustainability Office (913 South Dubuque Street, Iowa City, IA 52240)

Updated 6.1.23 MS

MAR 1 2 2025

WHITE ON COLUMN JOHNSON COUNT

The following items must be submitted for the application to be complete. Incomplete applications will be St will not be considered until the next submission deadline. Once submitted, county staff will review the materials and request revisions (if necessary). Once all revisions and outside reviews have been received, the application will be placed on the next available Board of Adjustment agenda.

If working with an engineer who can provide CAD or GIS line work, electronic submissions should be submitted in accordance with the PDS department's electronic submission guidelines (see below). Preference is that electronic submission is prior to hard copy submission, but will be accepted until 12:00 p.m. the day after the submittal deadline.

Initial each empty box below to ensure you included all necessary information in the appropriate form for an application to be considered complete. Some items may require both electronic and physical copies.

Item Required	Electronic Copy (PDF unless otherwise noted)	Hard copy	
Application Fee (varies based on application. Fee: \$_250)	2.	NK	
This application form with all information completed	AK	(2)PIK	
Brief cover letter explaining the proposed use including but not limited to the number of employees, parking facilities, days and hours of operation, estimate of maximum number of customers expected on site an any one time, provisions for water and wastewater, types of equipment to be used, signage, etc	PIK	RX	
Site plan identifying the access, structure(s) for the proposed use, parking areas, signage location, and addressing any Supplemental Conditions required by Chapter 8:1.23			
If working with an engineer: CAD line work of the site plan, following the guidance below		E'AN	
Proof of application to the Johnson County Health Department for a Public Health Zoning Application	PAIL		
For requests to establish Utility Scale Solar (use area of 20 acres or less): Completed "Application Checklist for Utility-Scale Solar Systems (Supplemental Conditions)", accompanied by all information outlined on said checklist. Electronic Submission of all materials is required.	•		
For requests for Commercial Communications Towers, include the following: Sensitive Areas Analysis in compliance with the Sensitive Areas Ordinance, or an approved Sensitive Areas waiver. Stormwater Management Plan (including soil erosion and sediment control) in compliance with the Stormwater Management regulations, or an approved waiver			

Electronic Submission Requirements for CAD line work:

- Must be in AutoCAD 2017 or older and .dwg format (.dxf is also acceptable, no .zip files will be accepted).
- Submissions must use Coordinate System: NAD_1983_StatePlane_lowa_South_FIPS_1402_Feet
- If applicable, submission should include information for Sensitive Areas Analysis/Mapping and Stormwater/Soil Erosion Control infrastructure on the site. This includes any limits of disturbance or other impact areas.
- Submission should NOT include legends, legal descriptions, location maps, signature blocks, etc.

Patricia Krukoski 4330 480th St SE Iowa City, IA, 52240

02/24/2025



Johnson County Planning, Development, and Sustainability 913 South Dubuque St Iowa City, IA, 52240

I hope this letter finds you well. I am writing to formally propose the construction of an Accessory Dwelling Unit (ADU) on my property. The proposed ADU will be designed as a Mother-In-Law Suite, intended to accommodate the evolving needs of our family while maintaining the aesthetic and functional integrity of the surrounding area.

The new ADU will be at least twice the size of the current dwelling on the property to meet qualifications. This project is being undertaken to support multi-generational living, offering a comfortable and private space for family members with added peace of mind.

Key highlights of the proposed project include:

- Compliance and Sustainability: We are committed to ensuring that the ADU meets all local zoning, building, and safety codes for Mother-In-Law Suites.
- Peace of Mind: As an elderly lady, it is becoming increasingly important for me to have my son live closer to me in case I experience any emergencies. Having him nearby would provide me with a sense of security and peace of mind, knowing that help is just a short distance away if needed. Additionally, the proximity of the new house to my current home would foster a stronger family connection, allowing us to spend more time together and support each other more effectively. By building this new house, we would be addressing not only my immediate safety concerns but also enhancing the overall quality of life for both myself and my son. This proposal represents a practical and compassionate solution to ensure that I can continue to live independently while having the necessary support close at hand.

Please feel free to contact me at 319-530-2758 or patricia-krukoski@uiowa.edu if you have any questions or would like further details about the project. Thank you for your time and consideration.

Sincerely, Patricia Krukoski







JOHNSON COUNTY PUBLIC HEALTH

855 S Dubuque St, Suite 113 lowa City, IA 52240

Date	2/25/2024		Receipt #	2458
	Section of the sectio			
Received From	Patrick J Krukoski, Hannah Yoo	ah Yoo		
Address	702 Ash. St, Riverside IA			
Dollars	\$25.00	For	ZONING-Fy25	
Check #	2007		Received By: CH	







FOR OFFICE USE ONLY: ZONING NUMBER:

ZONING NUMBER: 855 S. Dubuque Street Suite 217 * Iowa City, Iowa 52240 * 319/356-6040 * Fax: 319/356-6044

Johnson County Public Health Zoning Application

<u> </u>				*:					
Applicant Name:			-						
Patricia J Krukoski									
Address: 4330 485 5+ 5E	City:		State:	Zip:					
4220 ASP, 2+ 2E	Town	City	TA	52240					
NOTE: THIS APPLICATION NEED NOT BE SUBMITTED FOR FINAL PLATS.									
TYPE OF ZONING REQUEST:		APPLICATIO	N FEE:						
Zoning reclassification from to \$75.00 Application Fee									
☐ Combined preliminary and final plat \$50.00 + \$20.00 per Lot Applicat			ation Fee*						
Preliminary plat using private onsite/centralized waste water syst	tems	\$50.00 + \$20.00 per Lot Application Fee*							
Conditional Use Permit \$25.00 Application Fee									
,		*0	utlots Exer	npt					
Application Fee 35 + Lot Fee (if applicable) (Number of lots 1 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 require	ed applicati	on once filed with the	administra	tive officer.					
Signature of Applicant: Taturn & Knull	(a) (b)	Date: <u>()</u>	25-2	025					

- 22 3