FOR OFFICE USE ONLY:
ZONING NUMBER: _____

Johnson County Public Health
855 S. Dubuque Street Suite 113 * 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:**
☐ Zoning reclassification from _____ to _____	$75.00 Application Fee
☐ Combined preliminary and final plat	$50.00 + $20.00 per Lot Application Fee*
☐ Preliminary plat using private onsite/centralized waste water systems	$50.00 + $20.00 per Lot Application Fee*
☐ 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 113
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: _____