

Office Use Only		\$	
	<i>Date Filed</i>	<i>Fee</i>	<i>Application Number</i>



**JOHNSON COUNTY, IOWA**

**APPLICATION FOR: APPEAL OF ZONING ADMINISTRATOR’S DETERMINATION**

This appeal is hereby filed in accordance with – and as allowed by – Chapter 8:1.28 of the Johnson County Unified Development Ordinance.

If this appeal relates to a specific property, please provide the property location (street address if available or layman's description), as well as parcel ID and zoning designation:

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**Parcel Number:** \_\_\_\_\_ **Current Zoning:** \_\_\_\_\_

To be timely, appeals must be filed within 30 days of the action being appealed.

**Date of the order, requirement, decision, or determination being appealed:** \_\_\_\_\_

**On a separate sheet, please provide:**

1. The specific order, requirement, decision, or determination being appealed;
2. The basis for the appeal;
3. The specific code section(s) to which the appeal relates; and
4. Why you believe there is an error in the Zoning Administrator’s determination.

**PLEASE PRINT OR TYPE**

The undersigned affirms that the information provided herein is true and correct. If applicant is not the owner, applicant affirms that the owner(s) of the property described on this application consent to this application being submitted, and said owners hereby give their consent for the office of Johnson County Planning, Development, and Sustainability to conduct a site visit and photograph the subject property.

\_\_\_\_\_  
*Name of Owner* \_\_\_\_\_  
*Name of Applicant (if different)*

\_\_\_\_\_  
*Applicant Street Address (including City, State, Zip)*

\_\_\_\_\_  
*Applicant Phone* \_\_\_\_\_  
*Applicant Email*

\_\_\_\_\_  
*Applicant Signature*

**[See back page for Application Submittal Requirements and Checklist](#)**

The following items must be submitted for the application to be complete. Incomplete applications will be returned and will not be considered until the next submission deadline. ***Initial each item below*** to confirm that you are aware of the submittal requirements for an application to be considered complete.

\_\_\_\_\_ A letter explaining the specific action, interpretation, or determination being appealed, the basis for the appeal, the date of the action or determination being appealed, the specific code section(s) to which the appeal relates, and why you believe there is an error in the Zoning Administrator's determination.

\_\_\_\_\_ Application Fee (\$100) is due at the time of submittal.