

Clarke County Environmental Services

Sanitarian • Zoning • Emergency Management

Allan Mathias, Director

E-mail clarkees1@iowatelecom.net

Courthouse • 100 S. Main • Osceola, IA 50213

Greg Kent, Health Specialist

clarkees2@iowatelecom.net

Phone: 641-342-6654

Fax: 641-342-1545

SPECIAL USE PERMIT APPLICATION

Date: _____

To: Clarke County Zoning Board of Adjustment
% Clarke County Zoning Administrator

Application is hereby made by: _____

_____, _____,

(R.R.# P.O. Box/Street) (Town or City)

(State)

(Zip Code)

Pursuant to Section Twenty-Five (25) of the Clarke County Zoning Ordinance and Chapter 335 of the Code of Iowa (1997), the undersigned owner, contract purchaser, or agent, hereby petitions for a Special Use Permit on property described as follows:

LEGAL DESCRIPTION:

Application is made for a Special Use Permit from Section 25, Item _____ of the Clarke County Zoning Ordinance, which provides for: _____

Summary of Facts: _____

(applicant/contract purchaser or agent)

(telephone number)

(owner of property)