



**BOARD OF ADJUSTMENT**

**Special Use & Home Occupation Special Use Permit Application**

24 N. Center Street, Marshalltown, IA 50158 Ph: 641-754-5756 Fax: 641-754-5742

All items listed must be submitted with this application:

\_\_\_\_\_ **A site plan, drawn in ink to scale.** This site plan shall not be larger than 11" X 17."

\_\_\_\_\_ **Any other applicable drawings or diagrams.** Home Occupation Special use permits must submit a floor plan diagram.

\_\_\_\_\_ **Application fee.** A \$300 fee is required for a special use request (\$50 for a Home Occupation Special Use request). Make check payable to "City of Marshalltown." The fee must be paid when the application is submitted to the Housing Department.

\_\_\_\_\_ **Legal description of the property.** The property owner should have a copy of the legal description of the property. *Please note that the tax description on the Marshall County assessor's webpage is NOT the legal description.* The legal description is listed on the property's abstract or owners may obtain a copy of the recorded deed from the Marshall County Recorder's Office for a fee.

It is the burden of the applicant to provide sufficient facts with this application and at the Board of Adjustment meeting to support a finding that all the standards for approval have been met. For all special use requests, with the exception of a Home Occupation Special Use request, the Plan & Zoning Commission shall first review the proposal and make a recommendation to the Board of Adjustment.

**Attendance at all meetings is required.**

**Please type or print legibly in ink.**

Property Address:

Owner:

Mailing Address:

Phone:

Fax:

Owner's Agent (if applicable):

Agent Address:

Agent Phone:

Agent Fax:

**The board will use this information to review your request. Please attach any additional supporting information. If you have any questions, please contact the Zoning Department at 754-5756.**

Please describe the request and what justification there is for the proposal. Attach additional pages if necessary. If applicable, please provide a description of the business or use, discuss any signage to be used, and parking issues.

Owner/Agent Signature:

Date: