



791 6th Street
PO Box 592
Jesup, IA 50648
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Application for Special Exception

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone Number: _____

Applicant's E-mail: _____

Owner Same as Applicant

Owner's Name: _____

Owner's Address: _____

Owner's Phone Number: _____

Owner's E-mail: _____

Local Address (if applicable) of property: _____

Legal Description of Property: _____

Present zoning of property: _____

Proposed Use: _____

Requested permitted use under Code of Ordinances:

Chapter 165C. _____(SECTION) (2 – SUB-SECTION) _____(PROVISION).

Unique characteristics of use requiring special consideration: _____

Applicant's Signature: _____

Date: _____

Owner's Signature: _____

Date: _____

All applications for special exception shall include the following items:

A list of the names and addresses of the owners of all property within two hundred (200) feet of the property for which the exception is requested. (The County Assessor's office can assist in obtaining this information.)

A non-refundable fee of \$100.00 must be paid at the time of application.

Staff Use Only

Date application received: _____ Fee Paid (\$100): _____

Date Public Notice Published: _____ Date Courtesy Letters Mailed: _____

Public Hearing Date: _____

Action Taken by Board: Granted Granted with Conditions Denied Date: _____

If granted with conditions, please list conditions: _____
