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Request for Amendment to Zoning Ordinance Text

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone Number: _____

Applicant's Email: _____

Chapter: _____ Chapter Title: _____

Please attach a copy of the proposed amendment.

Reason for Amendment: _____

Applicant Signature: _____ Date: _____

Staff Use Only

Date application received: _____ Fee Paid (\$75): _____

Date of P&Z commission hearing: _____ Public notice published (P&Z): _____

P&Z Commission Recommendation: _____

Date of Council hearing: _____ Public notice published (Council): _____

Action by Council: _____ Date Approved: _____

Date ordinance was published: _____