



**MITCHELL COUNTY PLANNING & ZONING**

Amanda Baer  
212 South 5<sup>th</sup> Street  
Osage, Iowa 50461  
641-832-3943

**Request for a Conditional Use Permit**

**Mitchell County Board of Adjustment**

Conditional Uses are those uses which may have a special impact or uniqueness demanding closer scrutiny and analysis to the site and the surrounding environment. When such a use is proposed, a review and report by Planning Division staff of the location, design, configuration, and impact will be conducted, comparing the proposed use to fixed standards and presented to the Board of Adjustment for action at a public hearing. Notices of the request are mailed to all property owners located within 500 feet of the subject property. Refunds will not be made once the application and all supporting documentation has been filed with the Mitchell County Zoning Administrator.

Please complete the entire application and submit with fee.

1. The undersigned Petitioners request that the Board consider this application for a Conditional Use Permit for the following use: (Briefly describe the nature of the use.)

2. Subject Property Address: \_\_\_\_\_

3. Subject Property District and Parcel Number: \_\_\_\_\_

4. Subject Property Legal Description (attach if necessary):

5. Filing Fee: \$300.00



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**6. Applicant Information:**

Applicant (Print Name): \_\_\_\_\_

Applicant (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

Interest in Property (Owner, Renter, Perspective Buyer, Etc): \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**7. Applicants Representative:**

If the appeal is going to be represented by someone other than the applicant, please provide that information below.

Applicant Representative (Print Name): \_\_\_\_\_

Firm or Business: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**8. Property Owner Consent**

The application must be signed by all the Titleholders, Contract Purchasers, or Option Purchasers of the subject property. The application may also be signed by the Registered Agent for a corporation or other person with similar legal authority to sign for a property owner. (if additional signatures are needed please attach).

_____	_____	_____
Print Name	Signature	Date

_____	_____	_____
Print Name	Signature	Date

**9. Written Description:**



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Please provide a written description providing specific detail and reasons for the proposed Conditional Use Permit. (Attach if necessary).

10. Required Information: (must be included prior to making submittal)

A. Complete Application including the detailed description of requested Conditional Use Permit, including specific information about the request.

B. Submit six (6) copies of a fully dimensioned, to scale site plan meeting site plan requirements, as required.

1. Provide additional information as required by Zoning Ordinance specific to the use requested.

2. Submit a reduced size, 9" x 11" site plan that is legible that can be reproduced.

**A completed application with required information and filing fee must be submitted. Incomplete submittals will not be processed and will be returned to the Applicant.**

Return forms to:

Mitchell County Planning & Zoning

Attn: Amanda Baer, Zoning Administrator

212 S. 5<sup>th</sup> Street

Osage, Iowa 50461

Email: [abaer@mitchellcoia.us](mailto:abaer@mitchellcoia.us)