BENTON COUNTY DEPARTMENT OF HEALTH AND LAND USE P.O. BOX 327 VINTON, IA 52349

PHONE: (319) 472-3119 FAX: (319) 472-2925

APPLICATION FOR LAND USE CHANGE

APPLICANT:		
	PHONE:	
OWNER(S) (IF NOT APPLICANT)		
	PHONE:	
	ANGE:LOCATION:	
	P., RANGE)	
	TION THAT WILL OCCUR TO THE NATURAL	
PLEASE DESCRIBE WHAT METHODS WILL I DISRUPTION TO THE LAND:		
THIS APPLICATION MUST BE SIGNED BY THE PERSON SEEKING THE LAND USE CHANGE, AND ALL OWNERS OF THE PARCEL FOR WHICH THE CHANGE IS SOUGHT, IF THE APPLICANT IS NOT THE OWNER. APPLICATIONS WITHOUT THE OWNERS SIGNATURES WILL NOT BE PROCESSED.		
(APPLICANT SIGNATURE)	(OWNER (S) SIGNATURE)	
(CHECK). I HAVE ORTAINED THE SIGNAT	TUDE OF ALL OWNEDS OF DECODD FOR	

THE PARCEL THAT IS DESCRIBED ON THIS APPLICATION YES____ NO___

Information for Applicant:

A fee of five hundred dollars (\$500.00) must accompany this application. The fee is payable to: BENTON COUNTY.

If this request for a change of land use involves the platting of any land for use as a subdivision the application fee is one thousand dollars (\$1000.00), and a preliminary plat must accompany the application.

The Administrative Officer will review all applications prior to processing. Any applications deemed to be incomplete or inaccurate will be returned to the applicant.

If approval of this application is granted by the Benton County Board of Supervisors the project shall proceed in accordance with the information shown on this application and any supportive documentation.

Upon approval by the Board the Administrative Officer will issue the applicant a compliance certificate. The new non-agricultural use approved will be included within the text of the certificate. Any other new non-agricultural use subsequently proposed for this parcel must be approved by the Benton County Board of Supervisors as outlined within the AGRICULTURAL LAND PRESERVATION ORDINANCE.

A compliance certification shall become null and void one (1) year after the date on which it is issued unless within such one (1) year period the approved use is commenced.

For Office Use Only:	
Application No	Application Date:
Reviewer:	Date Reviewed:
Action by Benton County Board of Supervisors: _	Approval Disapproval
BY:Administrative Officer	Date: