ALLAMAKEE COUNTY, IOWA
APPLICATION FOR LAND DIVISION (FORM A)

_____ **Date Submitted:** _____

Applicant Information: (Property Owner(s) as per tax receipt)
General Property Location:
Quarter _____ Section _____ Township _____ N Range _____ W Township Name: _____
Contact information:

Last Name	First Name	Home Phone	Work Phone

Mailing Address	City	State	Zip	Email

Surveyor/Engineer Information:

Name/Company	Address, City, State, Zip	Fax

Current Land Use:

____ Agriculture-crop production	____ Residential (non-farm)	____ Other (describe below): ____ Vacant
____ Agriculture-pasture/livestock	____ Commercial	_____
____ Farmstead	____ Industrial	_____

Proposed Land Use:

____ Agriculture-crop production	____ Residential (non-farm)	____ Other (describe below): ____ Vacant
____ Agriculture-pasture/livestock	____ Commercial	_____
____ Farmstead	____ Industrial	_____

Description of Proposed New Structure: _____
Approximate Size of New Lot: _____
Sketch Plan Created by: _____ please attach a narrative description and drawing of what you are proposing to do with the land noted above with aerial photo or preliminary plat.

_____ Yes _____ No If current and proposed land use is agricultural, this plat be marked with the ag legend as per chapter 116 of the Zoning Ordinance and subdivision regulations. Speak with the Planning and Zoning Administrator for guidance. (If marked yes, the plat will not be reviewed by Planning & Zoning Commission, but if the use changes to non-agricultural, the legend will need to be removed as described in the Zoning Ordinance and Subdivision Regulations.)

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT ALL PROPOSED WORK WILL BE COMPLETED IN ACCORDANCE WITH THE ALLAMAKEE COUNTY ZONING ORDINANCE AND SUBDIVISION REGULATIONS AS APPROVED BY THE ALLAMAKEE COUNTY BOARD OF SUPERVISORS.

_____ _____ or _____ _____
Applicants Signature *Date* *Agents Signature* *Date*

***Submit this application to the Allamakee County Auditor's Office 563-568-3522**

- For Office Use Only –

Lot or Parcel Name(s) _____
Tax District _____Parcel Identification Number (s) _____

Zoning Administrator Review:
Current Zoning: _____
Land Development Suitability:
____ Land Described Above May Remain As Currently Zoned
____ Land Described Above is Not Suitable for Development
____ Land shall be Rezoned Prior to Land Division Approval
____Land Described may be suitable for Well & Septic

County Auditor Review:
Determination of Division Type:
Requiring subdivision procedures:
____ Major Subdivision-Preliminary Plat Required
____ Major Subdivision-Final Plat Required
____ Minor Subdivision- Plat Required
____ City Subdivision - Must meet City Requirements
Not requiring subdivision procedures:
____ Property Line Adjustment-Plat Required
____ Property Line Adjustment-No Plat Required
____ Land Division- No Plat Required
____ Resurvey-Exempt from Zoning & Engineer
____ Land Division - Plat

_____
Zoning Administrator Date

_____
County Engineer Date

_____
County Auditor Date

Additional Comments:_____
_____
_____
_____
_____
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_____
_____
_____

This application is only valid for 90 days from date of last office final review, except for a Preliminary.

Revised 11-30-2009