



Amendment to the Zoning Ordinance or Map Application

City of Grand Mound
615 Sunnyside Street, P.O. Box 206
Grand Mound, IA 52751
gmcity@gmtel.net
1-563-847-2190

Name of Applicant _____
Mailing Address _____
Phone No. _____
Email Address _____

Parcel ID/Address and boundaries of property requested to having a zoning amendment:

Current zoning district ____
Requested zoning district ____

Reason for the requested amendment:

Please make payments payable to the City of Grand Mound: \$150.00

Signature of Application _____
Date: _____

(Office use only)

Public Hearing scheduled with the Planning & Zoning Commission and Notice published _____
PZC recommends Approval _____ Denial _____ Table _____
City Council Approved _____ Denied _____ Tabled _____