



Rezoning Instructions and Application

GENERAL

The following is a set of instructions and application to aid you in filing a rezoning request with the City of Marion, Iowa.

Before filing your request, you may wish to check with the Planning and Development Department at Marion City Hall, 1225 6th Avenue for a preliminary review of your request. Submit the rezoning application and appropriate filing fees to the Planning and Development Department.

If you should have any questions regarding the following instructions and application please contact Tracey Bellach at 319-743-6320 or at tbellach@cityofmarion.org.

APPLICATION PROCEDURE

1. Confer with the Planning and Development Department staff regarding the general nature of the request and to ensure that the contemplated uses are permitted within the zoning district being sought.
2. Prepare the required documents and drawings and, if necessary, recheck with the Planning and Development Department to confirm that they are in proper form.
3. File the rezoning petition with the Planning and Development Department and pay the filing fees (Please see below). Failure to pay the filing fees will delay the processing of your request.

	\$100.00 for rezoning to A-1, R-1, R-2, and R-3
	\$150.00 for rezoning to all other districts except
Filing Fees	\$200.00 for rezoning to Planned Development
(Amended August 22, 2013)	+
	\$5.00 each for notification signs (staff to determine number of signs needed)

4. Obtain zoning notification signs from the Planning and Development Department. The signs must be posted on the property at least four (4) business days prior to the Planning and Zoning Commission meeting and remain posted through the time of the meeting, each notification sign is \$5.00 (staff to determine number of signs needed).
5. The Planning and Zoning Commission considers rezoning requests at their regular monthly meeting.
6. The Planning and Zoning Commission holds a public hearing for all rezoning requests. A notice of public hearing must be published in either the Marion Times or the Cedar

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Rapids Gazette at least four (4) days and not more than twenty (20) days prior to the public hearing. The Planning and Development Department will publish the notification. The applicant should confirm that the required notice has been prepared. Required public notices in local paper will be billed directly to the applicant.

7. Upon receiving the Planning and Zoning Commission's recommendation the City Council will set a date for public hearing on the request.
8. The City Council must hold a public hearing for all rezoning requests. A Notice of Public hearing must be published at least seven (7) days and not more than twenty (20) days prior to the public hearing. The Planning and Development Department will publish the notification. The applicant should confirm that the required notice has been prepared. Required public notices in local paper will be billed directly to the applicant.
9. The applicant must post zoning notification signs on the property at least seven (7) days prior to the City Council's public hearing. The signs are to be obtained from the Planning and Development Department.
10. Following the public hearing, the City Council will consider an ordinance adopting the rezoning. Three considerations (readings) of the ordinance must be approved before the rezoning is approved.
11. The ordinance will become effective upon publication following the approval by the City Council after the third consideration (reading) of the rezoning ordinance. The cost of publication shall be the responsibility of the applicant.
12. Staff will then compile the appropriate documents for recording and submit them to the Linn County Recorder's Office. The cost of recording the approved rezoning ordinance shall be the responsibility of the applicant, to be billed directly to the applicant.

MATERIALS TO BE SUBMITTED

The applicant shall be required to submit fifteen (15) copies of the following information:

1. A Completed application form (attached), and signed by all owners of the property requested for rezoning.
2. A vicinity sketch map clearly indicating nearby streets, property lines, existing zoning districts within 600 feet of the property and other signification features which may have a bearing upon the request.
3. Payment per the approved fee schedule.

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4. Applicants requesting Planned Development zoning, Cluster Developments or multi-family, office, commercial zoning should consult with the Planning and Development Department for special application requirements.

BASIS FOR REZONING

It is the applicant's responsibility as the petitioner to demonstrate the need and desirability of the proposed zoning change. The more facts you can present, the better your opportunities for a quick decision.

1. Is this rezoning compatible with the City's Comprehensive Plan and Land Use Map?
2. Is there a community need for the uses permitted in the contemplated zoning district? If so, will this need best be served in this location?
3. Will the proposed change and use enhance the community's social, economic and physical environment, or will it have an adverse effect?
4. Has there been a physical, social or economic change in the immediate or general area to support this zoning change.
5. Is the proposed rezoning compatible with the adjacent zoning districts or land use?
6. Can this parcel be reasonably used under its present zoning classification?
7. Are there existing zoning districts within the community which can be utilized for the contemplated uses?

IMPORTANT DATES AND TIMES:

- Marion City Council: meets the 1st and 3rd Thursday of every month at 5:30 p.m.
- Planning and Zoning Commission Deadline for proceeding month's agenda: 2nd Monday of every month at 4:30 p.m.
- Planning and Zoning Commission: meets the 2nd Tuesday of every month at 6:00 p.m.

Meeting dates and times are subject to change. Please call to confirm meeting dates and times or with any additional questions at (319) 743-6320 or via e-mail to tbellach@cityofmarion.org

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CONTACT INFORMATION:

Owner: _____

Company Name if Applicable: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Applicant or Agent (if different from Owner): _____

Company Name if Applicable: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Architect/Engineer/Other: _____

Company Name if Applicable: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

PRE-APPLICATION INFORMATION:

Have you attended a pre-application conference with Staff? Yes: _____ No: _____

If yes, date of pre-application conference: _____

If no, contact the Planning and Development Department at 319-743-6320 or email tbellach@cityofmarion.org to schedule a pre-application conference prior to submittal of the application. Failure to conduct a pre-application conference may result in processing delays of your request.

PROPERTY INFORMATION:

Please provide the following information for each parcel in the rezoning request. If more than one zoning classification is requested, provide the acreage for each zoning district. Attach additional sheets if necessary:

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Existing Zoning	Proposed Zoning	Current Use	Proposed Use	Area (in square feet or acres)

Legal Description (attach a separate sheet and digital copy for longer legal descriptions; each zoning district must have a separate legal description provided):

Site Location (general location if no assigned address): _____

Existing Future Land Use Map Designation: _____

Proposed Future Land Use Map Designation (if applicable): _____

Is this rezoning being requested to correct a zoning violation? Yes: _____ No: _____

Are there existing structures on the property being rezoned? Yes: _____ No: _____

If yes, please describe:

Why is the rezoning request necessary (please use additional sheets if necessary)?

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Briefly describe how the project will be designed to be compatible with adjoining development and any applicable plan policies (please use additional sheets if necessary):

ALL OWNERS MUST PROVIDE A SIGNATURE FOR THE REZONING REQUEST:

Signature: _____ Date: _____
Please print name: _____

Signature: _____ Date: _____
Please print name: _____

Signature: _____ Date: _____
Please print name: _____

Signature: _____ Date: _____
Please print name: _____