



226 West 4<sup>th</sup> Street  
Davenport, Iowa 52801  
(563) 326-7765  
[Planning@ci.davenport.ia.us](mailto:Planning@ci.davenport.ia.us)

Complete application can be emailed to [planning@ci.davenport.ia.us](mailto:planning@ci.davenport.ia.us)

**Property Address\***

\*If no property address, please submit a legal description of the property.

**Applicant (Primary Contact)\*\***

Name:  
Company:  
Address:  
City/State/Zip:  
Phone:  
Email:

*Application Form Type:*

**Plan and Zoning Commission**

Zoning Map Amendment (Rezoning)  
Planned Unit Development  
Zoning Ordinance Text Amendment  
Right-of-way or Easement Vacation  
Voluntary Annexation

**Owner** (if different from Applicant)

Name:  
Company:  
Address:  
City/State/Zip  
Phone:  
Email:

**Zoning Board of Adjustment**

Zoning Appeal  
Special Use  
Hardship Variance

**Engineer** (if applicable)

Name:  
Company:  
Address:  
City/State/Zip  
Phone:  
Email:

**Design Review Board**

Design Approval  
Demolition Request in the Downtown  
Demolition Request in the Village of  
East Davenport

**Architect** (if applicable)

Name:  
Company:  
Address:  
City/State/Zip:  
Phone:  
Email:

**Historic Preservation Commission**

Certificate of Appropriateness  
Landmark Nomination  
Demolition Request

**Administrative**

Administrative Exception  
Health Services and Congregate  
Living Permit

**Attorney** (if applicable)

Name:  
Company:  
Address:  
City/State/Zip:  
Phone:  
Email:

**\*\* If the applicant is different from the property owner, please submit an authorization form or an accepted contract for purchase.**

**Request:**

Please describe the zoning appeal:

Existing Zoning:

**Submittal Requirements:**

- The completed application form.
- A PDF that shows the location and dimensions of existing and proposed improvements affected by the appeal. If a paper copy is provided, the maximum size is 11" x 17".
- Supporting documentation and evidence.
- Recorded warranty deed or accepted contract for purchase.
- Authorization form, if applicable. If the property is owned by a business entity, please provide Articles of Incorporation.
- Required fee - \$250.

**The Applicant hereby acknowledges and agrees to the following procedure and requirements:****(1) Application:**

- Prior to submission of the application for the zoning appeal, the applicant shall correspond with Planning staff to discuss the request, potential alternatives and the appeal process.
- The submission of the application does not constitute official acceptance by the City of Davenport. Planning staff will review the application for completeness and notify the applicant that the application has been accepted or additional information is required. Inaccurate or incomplete applications may result in delay of required public hearings.
- Pursuant to Section 17.14.130 of the Davenport City Code zoning appeals shall be filed in writing within 30 calendar days after the decision is rendered with the Zoning Administrator.

**(2) Zoning Board of Adjustment's consideration of the zoning appeal:**

- Planning staff will perform a technical review of the request and present its findings and recommendation to the Zoning Board of Adjustment.
- The Zoning Board of Adjustment will hold a public hearing and vote on the request.

Applicant:

Date:

By typing your name, you acknowledge and agree to the aforementioned submittal requirements and formal procedure and that you must be present at scheduled meetings.

Received by:

Planning staff

Date:

Date of the Public Hearing:

Meetings are held in City Hall Council Chambers located at 226 West 4<sup>th</sup> Street, Davenport, Iowa.

## Authorization to Act as Applicant

I,  
authorize  
to act as applicant, representing me/us before the Zoning Board of Adjustment for the property located  
at

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Signature(s)\*

\*Please note: original signature(s) required.

