

1512 7<sup>TH</sup> Street  
P.O. Box 5127  
Coralville, IA 52241



Building Department  
Phone: 319-248-1720  
Fax: 319-248-1894

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## CONDITIONAL USE PERMIT APPLICATION

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**Address of Property:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Legal Description of Property:** \_\_\_\_\_

**Owner /Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_  
*(If different from Owner / Applicant)*

**Address:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Reason for Request:** \_\_\_\_\_

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- Submit Site Plan with Application**
  - Submit Property Owner's names & addresses within 200' feet of affected property**  
*(Submit properties / list on address labels or using Avery template #5160)*
  - \*\$300 Fee** *\*due with Application*      *\*Public Notice fees will billed following scheduled meeting date*

Submit Conditional Use Application, Site Plan and supporting documents to the Coralville Building Department

**Board of Adjustment Meeting Date:** \_\_\_\_\_  
*(Enter date of meeting and give copy to the Applicant)*

**Office Use Only** ↓

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**Fee Paid:** \$ \_\_\_\_\_ **Check #** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Board of Adjustment Hearing Date:** \_\_\_\_\_

**Public Hearing Advertised:** \_\_\_\_\_

**Property Owner Notification Sent:** \_\_\_\_\_

**Board of Adjustment**

**Decision:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_