

City of Council Bluffs, Iowa 209 Pearl Street Council Bluffs, Iowa 51503

Phone: 712-328-4629 Fax: 712-328-4915

REZONING APPLICATION

Α.	General	infor	mation
THO	General	TITIOT	

1.	Applicant:				
	Name: Authier Properties, LLC by: Jerry and Karen Authier - AND - Grant and Cheryl Wakefield				
	Address: 1808 Skyline Drive				
	City/State/Zip: _Elkhorn, NE 68022				
	Phone/Fax/E-Mail Address: 402.669.8573 (Jerry) / 712.209.4746 (Grant)				
	Status: Property Owner x Legal Option Holder Contract Purchaser Auth Agent Auth Agent				
2.	Property Owner: (If not the same as applicant above)				
	Name:				
	Address:				
	City/State/Zip:				
	Phone/Fax/E-Mail Address:				
2	D				
3.	Represented by:				
	Name: Self Representation and John H. Jerkovich of Heartland Properties, Inc				
	Address: 535 W. Broadway, Suite 100				
	City/State/Zip: Council Bluffs, IA 51503				
	Phone/Fax/E-Mail Address:712.388.2212				
	Status: Property Owner _x Legal Option Holder Contract Purchaser Auth Agent _X				
	An application may be filed only by the owner(s) of the property or by a person authorized by				
	the owner. Proof of that authorization must accompany the application.				
	If more than one property owner is involved, please attach additional names and addresses to this				
	application.				
1	I certify that the information presented with this application is true and correct to the best of my				
SAR	knowledge. Grant Wakefield				
	Chengl Wakefield 3511 (Willown St Onnaha Print Name Address 68131				
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Please note that your application will not be accepted or there may be a delay in processing by the Community Development Department if any of the required information or materials are missing or improperly presented. In order to ensure that a complete application is provided and to avoid unnecessary delays in processing, please submit all required materials, i.e. signed application, fees, exhibits and/or site plans, special studies if applicable. If you have any questions regarding this application or required materials, please contact the Community Development Department at (712) 328-4629 between 8:00 a.m. and noon or between 1:00 p.m and 5:00 p.m., Monday through Friday.

-	Project Information: 1. Address or location of proposed rezoning: <u>c</u>	Address or location of proposed rezoning: Council Pointe Road (North of house #5003)		
	Legal Description: (attach survey if necessary) <u>See attached.</u>			
	S _{to}			
2. Land Area: <u>0.73</u> (acres)				
3	3. Current Zoning Designation: A-2			
	 Requested Zoning Designation: R-1 Current Land Use: Golf Course Proposed Land Use: Single-Family Residential 			
5				
7	7. Reason(s) for Rezoning Request: Development	Reason(s) for Rezoning Request: Development of lots.		
8	Attach Legal Description of Property and Sur	vey (if requested).		
9. Attach list of Property Owners/Contract Purchasers located within 200 feet of reques		hasers located within 200 feet of requested rezoning.		
	This list must include owner's name, property	address, billing address and legal description.		
	10. Attach site plan and/or other documents that i	llustrate this request.		
1		Include nonrefundable filing fee: \$200.		
	Please make check made payable to the Coun	cil Bluffs City Clerk.		
	For Offic	ee Use Only		
Case N	Number:	Planning Commission:		
		Published:		
		Action:		
Date C	Complete Application Received:	City Council:		
		Published:		
		Action:		
		Titlion.		
Future	e Land Use Designation (Comprehensive Plan)			
Land U	Use Designation amendment needed:			
Assoc	iated Case Numbers:			
				
Check	Number/Amount:			
Other	Comment(s):			



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SUBDIVISION APPLICATION

- () PRELIMINARY PLAN*
- (X) FINAL PLAT
 - () MAJOR SUBDIVISION
 - (x) MINOR SUBDIVISION*
 - () REPLAT *

		*A pre-application meeting is required prior to submittal			
A.	A. <u>General information</u>				
	1.	Applicant:			
		Name: Western Iowa Land Development, LLC c/o John Jerkovich & Bob McCarthy			
		Address: PO Box 683			
		City/State/Zip: Avoca, IA 51521			
		Phone/Fax/E-Mail Address: 712.325.0445			
		Status: Property Owner Legal Option Holder Contract Purchaser Auth Agent _x			
	2.	Property Owner: (If not the same as applicant above)			
		Name: Authier Properties, LLC by Jerry and Karen Authier - AND - Grant and Cheryl Wakefield			
		Address: 1808 Skyline Drive			
		City/State/Zip: Elkhorn, NE 68022			
		Phone/Fax/E-Mail Address: <u>402.669.8573 (Jerry) / 712.209.4746 (Grant)</u>			
	3.	Engineer/Surveyor or Architect:			
		Name: HGM Associates, Inc Contact: David Forsythe			
		Address: 640 5th Avenue			
		City/State/Zip: Council Bluffs, IA 51501			
		Phone/Fax/E-Mail Address: 712.323.0530			
		An application may be filed only by the owner(s) of the property or by a person authorized by			
		the owner. Proof of that authorization must accompany the application.			
		➤ If more than one property owner is involved, please attach additional names and addresses to this			
		application.			
٨	10	I certify that the information presented with this application is true and correct to the best of my			
1	4B]	knowledge 1 1 1/2 (10) 2 10 10 1 1 2 10 0 1 1 1 1			
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Sign	ature	Print Name () Address (813)			
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Sign	ature	Rankton Print Named acen Huthier Address			
Plea	se no	te that your application will not be accepted or there may be a delay in processing by the			
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B.		oject Information: See Subdivision - Title 14 of the Municipal Code for specific requirements				
	1.	Subdivision Name: Fox Run Landing Replat Four				
	2.	Address or location of propo	osed subdivision: Council Pointe Road (North of house #5003)			
	3.	Legal Description: (attach survey if necessary) <u>See attached.</u>				
	4.	I and Area: 0.72	(norms)			
	5.	Land Area: 0.73 Zoning: Current: A-2 Proposed: Proposed: R-1				
	6.	Land Hase Currents Oct Oc	Proposed: R-1			
	7.	Attach Letter of Intent descri	purse Proposed: Single-Family Residential ribing specifically the improvements proposed to serve the subdivision and			
		any variances being sought a	and the related hardship			
	8.	-	ty and Survey on platting document.			
	9.	10 signed and sealed copies	one reduced copy no larger than 8½" X 11" or 8½" X 14" and a pdf file.			
	10.	After City Council action an	id incorporation of all changes to final plat documents, return a minimum of			
	10.	4 mylars, 4 bond copies and	d 1 reduced copy to the Community Development Department. All copies			
		shall be signed by the owner(s) signed and sealed by the surveyor.				
	11.		documents that illustrate this request.			
	12.		g fee with check made payable to Council Bluffs City Clerk.			
	a. Preliminary Plan: \$250 + \$5.00 per lot					
	b. Variance with Preliminary Plan: \$200 per variance					
		c. Final Plat - Major Subdivision: \$250 d. Final Plat - Minor Subdivision/Replat: \$250 + \$5.00 per lot				
			For Office Use Only			
			v			
Cas	e Nun	nber:	Planning Commission:			
			Published:			
			Action:			
Date Complete Application Received:			City Council:			
1000			City Council: Public Hearing Final Plat:			
			Action:			
Ass	ociate	ed Case Numbers:				
Che	ck Nu	ımber/Amount:				
Oth	er Co	mment(s):				
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