



Contact Information
 City of Norwalk
 705 North Avenue
 Norwalk, Iowa 50211
 Phone: (515) 981-9530

Development Application

Type of Request (fees)			
<input type="checkbox"/>	Neighborhood Sketch Plan (\$120 + OER*)	<input type="checkbox"/>	Preliminary Plat (\$180 + \$6/acre + \$6/lot + OER*)
<input type="checkbox"/>	Master Plan (\$250 + OER*)	<input type="checkbox"/>	Final Plat (\$180 + \$12 per lot + OER*)
<input type="checkbox"/>	Site Plan/Modified or Improved (\$90 + OER*)	<input type="checkbox"/>	Plat of Survey (\$200 + OER*)
<input type="checkbox"/>	Site Plan/New or Comp Improvement (\$180 + OER*)	<input type="checkbox"/>	PUD Amendment (\$240 + OER*)
<input type="checkbox"/>	Zoning Amendment (\$240 + \$6/acre + OER*)	<input type="checkbox"/>	New PUD (\$1,000 + \$25/acre + OER*)
<i>*OER – Outside Engineering Review costs will vary based on the scope of the request and amount of review needed.</i>			
Applicant Information			
Name:			
Company:			
Current address:			
City:	State:	ZIP Code:	
Phone:	Email:		
Project Information			
Project Name:			
Project Location:			
Legal Description:			
<i>*May attach separately, if lengthy</i>			
Project Scope:			
Number of Acres:		Number of Lots:	
Property Owner Information			
Name:			
Company:			
Current address:			
City:	State:	ZIP Code:	
Phone:	Email:		

Consultant Information

Name:

Company:

Current address:

City:

State:

ZIP Code:

Phone:

Email:

Billing Information

Name:

Company:

Current address:

City:

State:

ZIP Code:

Phone:

Email:

Owner and Applicant Signature and Consent

I/we hereby submit and consent to the development application in the City of Norwalk. I/we acknowledge that I/we are responsible for additional costs for plan review by a consulting engineer and/or attorney. I/we certify that I/we am/are familiar with applicable state and local codes and ordinances, the procedural requirements of the City of Norwalk, and have submitted all required information.

Signature of Property Owner:

Date:

Name of Property Owner:

Signature of Applicant:

Date:

Name of Applicant:

For City staff use – Do not fill out

Invoice ID:

Invoice Amount:

Date Sent:

Paid Amount:

Date Received: