MARSHALL COUNTY ZONING ADMINISTRATOR

PHONE: (641)844-2707 FAX: (641)844-2708 EMAIL: tkelley@marshallcountyia.gov
1 East Main Street, Marshalltown, IA

APPLICATION FOR ZONING CERTIFICATE – MARSHALL COUNTY, IOWA

DATE: 08/10/2026 NEW 911 ADDRESS: _____ APPLICATION #: 209eea66-b917-4f43-

NAME: Daniel Matzinger PHONE #: 6417526701 EMAIL: dmatzinger@cgaconsultants.com

MAILING ADDRESS: 16 E Main St STE 400, Marshalltown, Iowa 50158

Application is hereby made to the Marshall County Zoning Administrator for a Zoning Certificate in conformity with the requirements of the Zoning Ordinance of Marshall County, Iowa and any Amendments, for the following:

PARCEL #: 8519-26-100-003 LEGAL DESCRIPTION: LOT 1/5 NW NW & LOT 2/1 NE NW AKA

CURRENT ZONING: A1

PROPERTY SIZE (DIMENSIONS OR ACRES): 25

OWNER OF PROPERTY & ADDRESS: M LUCILLE HENSLEY FAMILY TRUST (OWNER)

,

THE UNDERSIGNED APPLICANT HEREBY APPLIES FOR A CERTIFICATE PERMITTING HIM/HER TO: (CHECK ACTIVITY)

(X) VARIANCE ( ) CONDITIONAL USE ( ) ZONING CHANGE

DESCRIBE REQUEST: Parcel seeking variance to minimum acreage requirement as well as subdivision requirement.

DESCRIBE REASON FOR PROPOSED REQUEST: New parcel is being made in addition to a new parcel that fits requirements for an ~~acreage parcel on property. Parcel is being created to transfer land to church~~ ownership to the north due to a current driveway and small piece of land south of current church lands that are currently being used by Bethel Grove Church.

DESCRIPTION: Parcel seeking variance to minimum acreage requirement as well as subdivision requirement.

PROPOSED USE: Access to church, and use of remaining land for church activites.

PRESENT USE OF PROPERTY: Farmlot and access to church

Attach a "top-view" drawing or sketch, including dimensions, of the proposed construction and/or changes to an existing structure. Also attach aerial view which shows the lot dimensions or area and dimensions/acres. If applicable show "footprint" for proposed construction and the distances to adjoining property, wells, septic system and buildings.

↑N



SHOW A SKETCH OF TRACT OR LOT WITH DIMENSIONS OF PROPOSED BUILDING OR IMPROVEMENTS WITH SETBACK DISTANCES.

The undersigned owner agrees that the improvements and use of the property will be in accordance with the Marshall County Zoning Ordinances, the laws of the State of Iowa, and any local building codes, which apply to the improvements and its use. The undersigned applicant certifies under oath and under penalties of perjury that the information provided on this form is true and correct.

OWNER OR APPLICANT SIGNATURE: Signature of _____

APPROVED **DENIED**

ZONING ADMINISTRATOR:_____ DATE:_____

Tyler H Kelley