

Zoning Certificate Application (Building Permit)

| Office Use Only | | | 9-1-1 Sign Fee Paid: | | | Temp E911: | |
|-----------------|---------------|----------|----------------------|-------------|-------------------|--------------------|------------------|
| Tracking Number | Date Received | Fee Paid | Check # | Date Issued | Date Const. Comp. | Date Cert. Expires | Section/Township |

Application must be accompanied by two complete site plans (except use change) before the zoning certificate application is accepted. Additional information will be required for structures within flood hazard areas. If claiming agricultural exemption for any of the proposed structures, please fill out the agricultural exemption verification form. Private wastewater treatment must be addressed to the satisfaction of the Environmental Health Officer before this certificate can be issued.

Electrical Permits are required and must be obtained through the State of Iowa

Please Print All Information.

| 1. Owner Information (Customer 1) | | | 2. Contractor/Developer Information (Customer 2) | | |
|---|-----------------------|---|--|--|------------|
| First Name | | Last Name | First Name | | Last Name |
| Address | | | Address | | |
| City | | State | City | | State |
| | | Zip | | | Zip |
| Number in Household | Adults | Children | Phone Number (area code) | Fax or E-mail | Cell Phone |
| Phone Number (area code) | | Fax or E-mail | Cell Phone | | |
| 3 Type of Submittal (Check all that apply). | | 4 Project Information | | | |
| <input type="checkbox"/> New Principal <input type="checkbox"/> New Accessory <input type="checkbox"/> Addition/Expansion <input type="checkbox"/> Floodplain Development <input type="checkbox"/> Use Change <input type="checkbox"/> Revision Previous Permit #: | | Parcel Number _____ Legal Description: | | | |
| 5. Zoning District: | | 6. Road Frontage (ft): | | 7. Parcel Area (acres): | |
| 8. Proposed Structure/Addition #1 | | Fee Paid: | | | |
| <input type="checkbox"/> Agricultural Exempt <input type="checkbox"/> Not Applicable | | | | | |
| Type: | Structure Width (ft): | Structure Depth (ft): | Structure Height (ft): | | |
| Proposed Use: | | Finished Area (sq ft): | | Unfinished Area (sq ft): | |
| | | # of Bedrooms: | | Est. Cost: | |
| 11. Existing Structures | | Fee Paid (Use Change): | | | |
| <input type="checkbox"/> Not Applicable | | | | | |
| Please provide a diagram of your property, existing buildings, and their locations from property lines and roads. Include your new structure and it's location as well. You may request and we will provide a copy of an aerial map for your convenience to complete this site plan and attach it to this form. | | | | | |
| 12. Commercial/Industrial Uses Only | | | | | |
| Total # of Employees: | | | Max. # of Employees per Shift: | | |
| I hereby attest the truth and accuracy of all facts and information presented on this application and site plan, and that such use or structure shall be constructed, reconstructed, modified and/or used in accordance with local, state and federal law. | | | | It is unlawful to start construction, including permanent construction and construction preparation, or change use of an existing structure prior to issuance of a zoning certificate. | |
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