



**BUCHANAN COUNTY, IOWA
ZONING PERMIT APPLICATION AND APPROVAL**

Applicant Information:

Name of Applicant:
Applicant's Address:
Applicant's Telephone Number:
Applicant's Alternate Telephone Number (Optional):
Applicant's Fax Number (Optional):
Applicant's Email Address (Optional):

Property Information:

General Address of Property in Question (parcel number, street address or road address):
Legal Description of Property in Question (Attach, if necessary):
Attach a site plan or plot plan that contains lot dimensions, and size, shape and location of buildings or structures to be erected or affected.

Request Information:

Existing Use of Property:
Zoning Classification or District (Principal Permitted Uses Only):
Proposed Use of Property or Improvement:

Actual (Site Specific) Dimensional Information:	Ordinance Dimensional Requirements:
Building Height: _____	Maximum Building Height: _____
Lot Area: _____	Minimum Lot Area: _____
Lot Width: _____	Minimum Lot Width: _____
Front Yard Setback: _____	Minimum Front Yard Setback: _____
Side Yard Setback: _____	Minimum Side Yard Setback: _____
Rear Yard Setback: _____	Minimum Rear Yard Setback: _____
Parking Spaces, if applicable: _____	Number of Parking Spaces Required, if applicable: _____
Signage Information, if applicable: _____	Sign Requirements (Cite Ordinance Section),if applicable: _____

Acknowledgement and Certification of the Applicant and/or Owner:

I/We understand this application, and that it with required attachments, constitutes our complete zoning permit application for the proposed use or improvement stipulated above. I/We certify that the information we have provided to the Zoning Administrator is complete, accurate, and true to the best of our knowledge. Any intentional falsification or change in the information contained in this application, or to the attached information, shall cause: this application to become null and void and any approval granted herein to be revoked.

An applicant who is issued a zoning permit is bound, by acceptance of the permit, to commence the construction for which the permit is issued and is bound to finish said construction within twelve (12) months from and after said date of issue. A zoning permit issued under the County Zoning Ordinance shall be valid for a period of twelve (12) months from and after the date of issue of said permit. Upon expiration of a permit, the holder shall make a new application for a new permit under the provisions of this chapter and shall otherwise go through the same procedure as required for issuance of the original zoning permit. The fee for the second permit, as in the case of the original permit fee, shall be set by resolution by the County Board of Supervisors.

Applicant Signature

Date: _____

Owner Signature, if not the applicant

Date: _____

Approval of the County:

Based on the information provided in this application, and attested to, by the applicant, I have reviewed the request and hereby approve of this application and permit for zoning compliance on behalf of Buchanan County, Iowa.

Signature of Zoning Administrator

Date: _____