

Permit #: _____
 Date Received by City: _____
 Fee: \$ _____

**CITY OF SHELL ROCK, IOWA
 ZONING/BUILDING 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): _____
<i>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.</i>

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

Permit #: _____
Date Received by City: _____
Fee: \$ _____

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.

I/We understand the nonrefundable fee for consideration of this application is \$ _____. Under no circumstances shall all, or part, of this fee be refunded to applicant.

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 City 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 City Council.

Applicant Signature

Owner Signature, if not the applicant

Date: _____

Date: _____

Approval of the City:

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 the City of Shell Rock, Iowa.

Signature of Zoning Administrator

Date: _____