

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

**CITY OF SHELL ROCK, IOWA
 FENCE 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 Type of Fence: _____	
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: _____
Fence Information, if applicable: _____	Fence Requirements (Cite Ordinance Section), if applicable: _____

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Acknowledgement and Certification of the Applicant and/or Owner:

I/We understand this application, and that it with required attachments, constitutes our complete fence 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 having this permit considered is \$ _____. Under no circumstances shall all, or part, of this fee be refunded to applicant.

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 compliance on behalf of the City of Shell Rock, Iowa.

Signature of Zoning Administrator

Date: _____