

ZONING PERMIT APPLICATION – CLINTON COUNTY, IOWA

PERMIT # _____

APPLICANT _____ PHONE _____

OWNER (if not the applicant) _____ PHONE _____

APPLICANT ADDRESS _____

JOB SITE ADDRESS/PPN (if different) _____

PROPOSED NEW DWELLING

STRUCTURE SIZE:

BUILDING: HOME ADDITION

DIMENSIONS: _____ X _____

OTHER PRINCIPAL STRUCTURE

SQUARE FEET: _____ HEIGHT _____

ACCESSORY STRUCTURE

Note: permanent foundations shall be to 42" below grade

If building is not a home - specify use _____

ESTIMATED COST OF CONSTRUCTION \$ _____

THIS IS THE COST FOR (circle): MATERIALS & LABOR
MATERIALS ONLY

Please contact the Clinton County Engineer's Office (563-244-0564) for information regarding:

- Permits for new or reconstructed driveways
- E911 addressing for new building sites
- Allowable mailbox & mailbox supports (placement of obstructions in the road Right-of-Way prohibited by Iowa Code Section 318)

Please contact the Clinton County Health Department (563-659-8148) for information on well & septic permitting.

I understand that this permit will be issued on the basis that all the information provided on this application is correct and I agree that all construction and uses will comply with the Clinton County Master Plan, Zoning Ordinance, Subdivision Regulations, and Flood Plain Ordinance. All provisions of laws and ordinances governing this occupancy will be complied with whether specified or not. The granting of this permit does not presume to give authority to violate or cancel the provisions of any state or local law, ordinance or regulation. Violation of any of these ordinances or laws shall result in revocation of the permit; the application of any penalties listed in the Zoning Ordinance and any building under construction or constructed which is in violation may be required to be removed.

By my signature, I certify that I have read and understand the conditions of this permit.

APPLICANT SIGNATURE _____

[OFFICE USE ONLY]

TOWNSHIP _____ 1/4 / 1/4 _____ SECTION _____ TWP _____ RANGE _____

ZONING DISTRICT: (please circle) A-1 AR-1 R-1 R-2 C-1 C-2 M-1 M-2 PUD

LOT SIZE (Acres & Dimensions) _____ Acres _____ X _____

IS THIS PARCEL AG-EXEMPT? Y N

SETBACKS: FRONT _____ N/A RIGHT SIDE _____ N/A LEFT SIDE _____ N/A REAR _____ N/A

WASTEWATER DISPOSAL SYSTEM

TYPE OF WATER SUPPLY

PRIVATE SEPTIC (NEW - or - EXISTING)

PRIVATE WELL (NEW - or - EXISTING)

PUBLIC SYSTEM

PUBLIC SUPPLY

OTHER _____

OTHER _____

APPROVAL CHECKLIST - VERIFICATION THAT BASIC ZONING REQUIREMENTS HAVE BEEN MET

LEGAL LOT

Does this lot comply with the minimum size requirements for this zoning district?	Y	N	N/A
If the lot is in A-1 or AR-1 district, is there a feedlot or CAFO within 1320 feet (1/4 mile)?	Y	N	N/A
If the lot is in A-1 or AR-1 district, does more than 25% of the soil have CSR greater than 60?	Y	N	N/A
Is this lot subject to the Clinton County subdivision regulations?	Y	N	N/A
If yes, has this lot received the necessary approvals?	Y	N	N/A

BUILDING SITE/APPLICATION

Is this building <u>site</u> located in a floodplain? If yes: FP Permit # _____	Y	N	N/A
Is this structure located in the Airport Overlay area? If yes, compatibility checklist # _____	Y	N	N/A
Has a site plan been included with this application?	Y	N	N/A
Have you informed the applicant that state law requires that Iowa One Call (1-800-292-8989) be notified 48 hours prior to the start of any digging?	Y	N	N/A

THIS ZONING PERMIT IS: APPROVED DENIED

If denied, reason for denial: _____

DATE APPROVED: _____

PERMIT EXPIRES ON: _____

PLANNING AND ZONING DIRECTOR