ZONING PERMIT APPLICATION – CLINTON COUNTY, IOWA

PERMIT#	

APPLICANT OWNER (if not the applicant)				PHONE_							
					PHONE						
APPLICANT ADDRESS											
JOB SITE ADDRESS/PPN (if different)											
PROPOSED NEW DWELLING	ROPOSED NEW DWELLING			STRUCTURE SIZE:							
<b>BUILDING:</b> HOME ADDITION			DIMENSIONS:								
OTHER PRINCIPAL	STRUCTURE		SQUARE FEET:					Неіднт			
ACCESSORY STRUCTURE			Note: permanent foundations shall be to 42" below grad								
If building is not a home - specify use_											
WASTEWATER DISPOSAL SYSTEM (N	Vew - or - Exis	TING)		T	YPE OF W	ATER SU	JPPLY (1	NEW - or -	Existi	NG)	
PRIVATE SEPTICPUBLIC SYSTEMOTHER		PRIVATE WELLPUBLIC SUPPLYOTHER									
ESTIMATED COST \$OF CONSTRUCTION					THE COST 1	,	*	MATERIAL! MATERIAL!			
TOWNSHIP		1/4 / 1/4		S	ECTION		TWP	R	ANGE_		
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 TH	IS PARCI	EL AG-E	XEMPT?	Y	N	
SETBACKS: FRONT	_ RIGHT S	IDE		_ L	EFT SIDE_			REAR			

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.

## [OFFICE USE ONLY]

## 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 site located in a floodplain?	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			