



LAND USE PERMIT APPLICATION

Sioux County Planning and Zoning Administration • 210 Central Avenue SW • Orange City • Iowa 51041
Phone (712) 737-3820 • Fax (712) 707-9243 • Email: zoning@siouxcounty.org • www.siouxcounty.org

THE APPLICANT MUST PROVIDE THE FOLLOWING ITEMS AT THE TIME OF SUBMISSION OF THIS APPLICATION:

- A completed ZONING COMPLIANCE PERMIT APPLICATION for any new construction and/or structural modifications related to this use
- PAYMENT OF ALL APPLICABLE FEES (i.e. Compliance Permit Fee, E911 addressing Fee)
- A SITE PLAN/PLAT OF SURVEY with North Arrow and Scale - SHOWING THE FOLLOWING-
 - o All lot line dimensions and other dimension lines as necessary
 - o Distances from proposed structure to all lot lines
 - o Dimensions of all proposed structures
 - o All roads abutting the property & existing or proposed access(es)

NOTE: PERMITS REQUIRED BY THE SECONDARY ROADS OFFICE AND/OR OTHER REQUIRED PERMITS ARE THE RESPONSIBILITY OF THE APPLICANT!

APPLICANT INFORMATION:

APPLICATION # _____

(ASSIGNED BY ZONING DEPARTMENT)

Applicant Name: Last, First _____

Home Phone _____

Work/Cell Phone _____

Applicant Mailing Address _____

City _____

State _____

Zip _____

PROJECT LOCATION:

E911 Address or Ave/Street (physical location) _____

City _____

State _____

Zip _____

PROPERTY INFORMATION:

PARCEL ID#: _____

ZONING DISTRICT: _____

TAX CLASS: _____

QUARTER / QUARTER: _____

TOWNSHIP: _____

SECTION #: _____

SIZE: _____

ACRES _____

CURRENT LAND USAGE (CHECK ALL THAT APPLY):

- | | | | |
|--|---|---------------------------------|--|
| <input type="checkbox"/> Agriculture-crop production | <input type="checkbox"/> Residential (non-farm) | <input type="checkbox"/> Vacant | <input type="checkbox"/> Other (describe below): |
| <input type="checkbox"/> Agriculture-pasture/livestock | <input type="checkbox"/> Commercial | _____ | _____ |
| <input type="checkbox"/> Farmstead | <input type="checkbox"/> Industrial | _____ | _____ |

PROVIDE DETAILED EXPLANATION OF PROPOSED LAND USAGE AND REASON FOR REQUEST:

LIST ALL PROPOSED CONSTRUCTION/IMPROVEMENTS/MODIFICATIONS

DIMENSIONS

PROPOSED USE SPECIFIC TO STRUCTURE(S)

THE UNDERSIGNED PARTIES CERTIFY UNDER OATH THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

Applicant _____

Date _____

Property Owner (if other than applicant) _____

Date _____

FOR OFFICE USE ONLY

THIS APPLICATION IS: APPROVED DENIED NOT APPLICABLE

Date App. Received: _____

This proposed land usage has been reviewed pursuant to **ARTICLE** _____ **SECTION** _____ of the Sioux County Zoning Ordinance and HAS HAS NOT been found to be an approved usage under applicable zoning regulations. **Approval is subject to the following conditions:**

Applicable Fee: **100.00**

Amount Paid: _____

Date of Payment: _____

Check/Receipt No: _____

Required Separation distances, in Ft: Front yard: _____ Rear yd: _____ Side 1: _____ Side 2: _____

PERMIT # ASSIGNED: _____

Zoning Director Signature _____

Date _____

ORIGINAL: ZONING DEPT

COPY: APPLICANT

COPY: ASSESSOR

COPY: ENGINEERING