Zoning Compliance Permit

Sioux County Planning and Zoning Administration · PO Box 233 · 210 Central Avenue SW · Orange City · IA · 51041
Phone (712) 737-3820 · Fax (712) 707-9243 · Email: zoning@siouxcounty.org · www.siouxcounty.org

• **PERMIT REQUIREMENTS** ☑ **Your application CAN NOT BE PROCESSED without the following:**	***FOR OFFICE USE ONLY***	
☐ **PROVIDE A SITE PLAN OR PLAT OF SURVEY DRAWN TO SCALE WHICH SHOWS THE FOLLOWING:**	**APPLICATION #:**	
❍ **North arrow and scale**	**TOTAL VALUATION:** $	
❍ **All LOT LINE DIMENSIONS & Distances To, & Between, Existing & Proposed Structures**	**PERMIT FEE:** $	
❍ **Square footage of all proposed structures and location & distances to all other existing structures**	**E911 FEE:** $	
❍ **All roads abutting the property & existing or proposed accesses to property, NOTE ROAD NAMES on Site Plan**	**FEE TOTAL:** $	
☐ **Provide a basic blue print of the proposed structure(s)**	**DATE PAID:**	**CHK#:**
☐ **Copies of all applicable Access, Right-of-Way, and Septic Permits →*Applicant* must contact the County Engineer's office at: 712-737-2248 for these permits←**		

APPLICANT (*PROPERTY OWNER*):	**SITE LOCATION-E911 ADDRESS:**
MAILING ADDRESS:	**TOWN, STATE & ZIP:**
TOWN, STATE & ZIP :	**PRIMARY USE:** ☐ RESIDENTIAL ☐ COMMERCIAL ☐ INDUSTRIAL ☐_____
PHONE # : Home: Cell:	**IF THERE IS OR WILL BE AN ONSITE BUSINESS, HOW MANY PERSONS EMPLOYED?**
CONTRACTOR NAME:	**PARCEL ID #:**
ADDRESS (COMPLETE)	**PARCEL SIZE**(ACRES): **QRTR / QRTR:**
PHONE NO.:	**TOWNSHIP NAME:** **SECTION #:**
ANTICIPATED START DATE: **COMPLETION DATE:**	**CURRENT ZONING CLASS:** **CURRENT TAX CLASS:**

CURRENT LAND USE (CHECK ALL THAT APPLY):		***PROPOSED PROJECT USE *:*** **** MAY REQUIRE ADDITIONAL PERMIT(S)***	
❑ Dwelling *occupied by:* ❑ *Owner* ❑ *Tenant*	❑ Commercial or Business	❑ Dwelling - New on 35 acres	❑ Commercial ❑ Industrial*
❑ Accessory Structure(s) # _____	❑ Open Air Sales/Salvage	❑ Dwelling REPLACEMENT ☐ Addition	❑ Open Air Sales/Salvage
❑ Pasture # acres _____	❑ Local Utility Services	❑ Accessory Use Structure (ie utility shed)	❑ Local Utility Services*
❑ Horticulture: ❑ *private* ❑ *for seasonal sales*	❑ Government/Public Use	❑ Sales: ☐ Seasonal ☐ permanent*	❑ Government/Public Use*
❑ Stable: ☐ *Private* ☐ *rent space to others*	❑ Park/Recreation Services	❑ Stable/Barn ☐ private ☐ *rent out**	❑ Park/Recreation Services*
❑ Kennel: ☐ *Private* ☐ *Commercial*	❑ Industrial	❑ Kennel, over three dogs or other animal	❑ Wind Energy System-Private
❑ Abandoned Acreage	❑ Wind Energy System	❑ Business-employs more than 1 person*	❑ Wind Energy System-Commercial*
❑ Home Occupation (additional permit required)	❑ Other:_____	❑ Home Occupation*	❑ Other*:_____

CONSTRUCTION/IMPROVEMENT DESCRIPTION	***DIMENSIONS***	***ESTIMATED COMPLETION COST:***
1)		
2)		

3) **ARE YOU ADDING OR MODIFYING: *BATHROOM OR PLUMBING*? ☐ Yes* ☐ No | *PROPERTY ENTRANCE*? ☐ Yes* ☐ No | *ADDING LIVING SPACE*? ☐ Yes* ☐ No**

The undersigned applicant by signature indicates his/her agreement to the conditions outlined by this permit, & adherence to the zoning regulations applicable to this permit -unless otherwise approved through proper zoning procedure, & to the setback requirements pertaining to this project. *The applicant also acknowledges his/her understanding & agreement that:* **1)**This permit is valid ONLY for the project as presented to and approved by the zoning director; *AND* **2)**That any changes made to either the site plan submitted or to the construction/improvement/usage authorized by this permit must be reviewed by the Zoning Director for zoning compliance *AND* **3)**That failure to notify the zoning office of such changes may result in violation of the Zoning Ordinance and monetary penalties, *AND* **4)**That it is the intent of the applicant to build the structure(s) noted on this form **in accordance with the plan(s) submitted, for the usage(s) indicated, and on the parcel/land as indicated in the plan(s) presented** to the Zoning Director for approval, AND 5)That adherence to all applicable code regulations including, but not limited to: sewage disposal, electric, and International Building Code, is solely the responsibility of the applicant AND **5)**The project must adhere to the minimum setback requirements required by ordinance unless otherwise noted, and be completed no later than the date indicated below. ***The applicant certifies under oath that the foregoing information is true and correct and verifies his or her understanding of the terms of this zoning permit approval as noted on this permit.***

Applicant / Property Owner Signature (or authorized representative)	***Date***	***Email address***

FOR ZONING OFFICE USE ONLY:

✦ IS BUILDING SITE **CLEAR OF**: ✦ **FLOOD ZONE** ☐ YES ☐ NO* ✦ **SFHA** ☐ YES ☐ NO*

**Flood Plain Development Permit* ☐ RECEIVED ☐ NA | * *Certified Elevation Study* ☐ RECEIVED ☐ NA

✦ IS PROJECT COMPLIANT WITH UTILITY HEIGHT &/OR AIRPORT/TALL STRUCTURES REGULATIONS? ☐ YES ☐ NO ☐ NA

✦ SEPTIC PERMIT ☐ RECEIVED ☐ NA | ✦ ENTRANCE PERMIT ☐ RECEIVED ☐ NA

ZONING ADMINISTRATIVE APPROVAL: PERMIT #_____

This application & corresponding site plan have been reviewed for compliance with the Sioux County Zoning Ordinance & Flood Plain Management Plan. **Any unapproved alterations and/or changes to the permit materials submitted for review will render this permit null &void.** Approval is contingent upon adherence to all other applicable Federal, State, and County regulations pertinent to and governing this project.

NOTE: *CONSTRUCTION/REMOVAL IS TO BE COMPLETED WITHIN ONE YEAR FROM SIGNATURE BELOW Unless otherwise noted.* _____

Minimum *setbacks* required, in FT *Front*: _____ ***Sides*:** _____ ***Rear*:** _____

This permit application is: ❑ **APPROVED AS PRESENTED** ❑ **DENIED**

Permit expires in ❑ **ONE YEAR** ❑ _____ **Months**

Zoning Administrator **Date**

COUNTY ENGINEER/SECONDARY ROADS APPROVAL:

☐ NOT APPLICABLE _____, Zoning Director

Engineer Notes: _____

Proposed Construction is clear of: ☐ County Tile ☐ Right of Way

Proposed Construction complies with following Codes & Ordinances:

☐ Well & Septic Regulations ☐ Access/Right of Way

County Engineer **Date**

🗁 ORIGINAL –ZONING DEPT 🗁 COPY – APPLICANT 🗁 COPY – ASSESSOR ✍ DB ENTRY 🕮 SCANNED