



Zoning Compliance Permit

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.sioxcounty.org

● PERMIT REQUIREMENTS ● YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING ● <input type="checkbox"/> ATTACH A SITE PLAN OR PLAT OF SURVEY DRAWN TO SCALE AND <u>SHOWING THE FOLLOWING</u> : <input type="radio"/> North arrow and scale <input type="radio"/> ALL LOT LINE DIMENSIONS & Distances To, & Between, Existing & Proposed Structures <input type="radio"/> Square footage of all proposed structures and location & distances to all other existing structures <input type="radio"/> All roads abutting the property & existing or proposed accesses to property, NOTE ROAD NAMES on Site Plan <input type="checkbox"/> Provide a basic blue print of the proposed structure(s) <input type="checkbox"/> Copies of all applicable Access, Right-of-Way, and Septic Permits → <i>Applicant must contact the County Engineer's office at: 712-737-2248 for these permits</i> ←	FOR OFFICE USE ONLY APPLICATION #: TOTAL VALUATION: \$ PERMIT FEE: \$ E911 FEE: \$ FEE TOTAL: \$ DATE PAID: CHK#:
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APPLICANT (PROPERTY OWNER):	SITE LOCATION-E911 ADDRESS:
MAILING ADDRESS:	TOWN, STATE & ZIP:
TOWN, STATE & ZIP:	PRIMARY USE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> _____
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	COMPLETION DATE: CURRENT ZONING CLASS: CURRENT TAX CLASS:

CURRENT LAND USE (CHECK ALL THAT APPLY): <input type="checkbox"/> Dwelling occupied by: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Accessory Structure(s) # _____ <input type="checkbox"/> Pasture # acres _____ <input type="checkbox"/> Horticulture: <input type="checkbox"/> private <input type="checkbox"/> for seasonal sales <input type="checkbox"/> Stable: <input type="checkbox"/> Private <input type="checkbox"/> rent space to others <input type="checkbox"/> Kennel: <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Abandoned Acreage <input type="checkbox"/> Home Occupation (additional permit required)	<input type="checkbox"/> Commercial or Business <input type="checkbox"/> Open Air Sales/Salvage <input type="checkbox"/> Local Utility Services <input type="checkbox"/> Government/Public Use <input type="checkbox"/> Park/Recreation Services <input type="checkbox"/> Industrial <input type="checkbox"/> Wind Energy System <input type="checkbox"/> Other: _____	PROPOSED PROJECT USE: * MAY REQUIRE ADDITIONAL PERMIT(S) <input type="checkbox"/> Dwelling, New on 35 acres <input type="checkbox"/> Dwelling, REPLACEMENT of existing <input type="checkbox"/> Accessory Use Structure (ie utility shed) <input type="checkbox"/> Sales: <input type="checkbox"/> Seasonal <input type="checkbox"/> permanent* <input type="checkbox"/> Stable/Barn <input type="checkbox"/> private <input type="checkbox"/> rent out* <input type="checkbox"/> Kennel <input type="checkbox"/> 3 dogs or more * <input type="checkbox"/> Business-employs more than 1 person* <input type="checkbox"/> Home Occupation*	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial* <input type="checkbox"/> Open Air Sales/Salvage <input type="checkbox"/> Local Utility Services* <input type="checkbox"/> Government/Public Use* <input type="checkbox"/> Park/Recreation Services* <input type="checkbox"/> Wind Energy System-Private <input type="checkbox"/> Wind Energy System-Commercial* <input type="checkbox"/> Other*: _____
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CONSTRUCTION/IMPROVEMENT DESCRIPTION	DIMENSIONS	ESTIMATED COMPLETION COST:
1)		
2)		
ARE YOU ADDING OR MODIFYING: A BATHROOM OR PLUMBING <input type="checkbox"/> Yes* <input type="checkbox"/> No A DRIVEWAY? <input type="checkbox"/> Yes* <input type="checkbox"/> 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:* This permit is valid ONLY for the project as presented to and approved by the zoning director; AND 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 that failure to notify the zoning office of such changes may result in violation of the Zoning Ordinance and monetary penalties, AND 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.

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 _____

FOR ZONING OFFICE USE ONLY:	<input type="checkbox"/> IS BUILDING SITE: IN A FLOOD ZONE? <input type="checkbox"/> YES* <input type="checkbox"/> NO IN AN SFHA? <input type="checkbox"/> YES* <input type="checkbox"/> NO * FLOOD PLAIN DEVELOPMENT PERMIT <input type="checkbox"/> RECEIVED * CERTIFIED ELEVATION STUDY <input type="checkbox"/> RECEIVED <input type="checkbox"/> NA
	<input type="checkbox"/> SEPTIC PERMIT <input type="checkbox"/> RECEIVED <input type="checkbox"/> NA <input type="checkbox"/> ENTRANCE PERMIT <input type="checkbox"/> RECEIVED <input type="checkbox"/> 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 changes to the plans as approved are considered non-compliant & will render this permit null & void.

Exception(s) noted: _____

Minimum setbacks required: Front: _____' Sides: _____' Rear: _____'

This permit application is: APPROVED DENIED as presented.

This project must be completed no later than: _____

Zoning Administrator _____ Date _____

COUNTY ENGINEER/SECONDARY ROADS APPROVAL:

NOT APPLICABLE _____, Zoning Director

Road Access Issues: _____

Proposed Construction is clear of: County Tile Floodplain

Proposed Construction complies with following codes & Ordinances:
 Well & Septic Regulations Access/Right of Way

County Engineer _____ Date _____