

APPLICANT INFORMATION (PROPERTY OWNER)	
NAME: _____	
MAILING ADDRESS: _____	
TOWN/STATE/ZIP: _____	
PHONE NUMBERS: Home: _____	Cell: _____
PARCEL INFORMATION:	
PARCEL ID NO: _____	
PARCEL SIZE(ACRES): _____	QRTR / QRTR: _____
TOWNSHIP NAME _____	SECTION #: _____
CURRENT - ZONING CLASS: _____	Tax Class: _____

PROJECT/SITE INFORMATION	
LOCATION/E911 ADDRESS: _____	
TOWN/STATE/ZIP: _____	
SITE'S PRIMARY USE: _____	
IS THERE, OR WILL THERE BE, A BUSINESS LOCATED AT THIS SITE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, # OF EMPLOYEES: _____	PHONE NO. _____
CONTRACTOR INFORMATION:	
NAME: _____	
ADDRESS(COMPLETE) _____	
PHONE NO.: _____	
ANTICIPATED - START DATE: _____	COMPLETION DATE: _____

CURRENT LAND USE (CHECK ALL THAT APPLY):

Dwelling occupied by: Owner Tenant Daycare

Accessory Structure(s) # _____ Commercial or Business

Crop production # acres rented out: _____ Open Air Sales/Salvage

Pasture # acres rented out: _____ Local Utility Services

Horticulture: private for seasonal sales Government/Public Uses

Stable: Private rent space to others Park/Recreation Services

Kennel: Private Commercial (sell puppies) Wind Energy System

Abandoned Acreage Industrial

Home Occupation (additional permit required) Other: _____

PROPOSED PROJECT USE: *REQUIRES OR MAY REQUIRE ADDITIONAL PERMIT(S)

Dwelling, New on 35 acres Salvage Sales or storage*

Dwelling, REPLACEMENT of existing Open Air Sales *

Accessory Use Structure (ie utility shed) Local Utility Services*

Sales, other than open-air* Government/Public Use*

_____ temporary permanent Park/Recreation Services*

Stable/Barn private rent out* Wind Energy System-Private

Kennel 3 dogs or more * Wind Energy System-Commercial*

Business-employs more than 1 person* Commercial* Industrial*

Home Occupation* Other*: _____

Construction/Improvement Description	Dimensions	Cost Estimate	For Office Use Only	
			Total Valuation	Permit Fee
1) _____	_____	_____	\$ _____	_____
2) _____	_____	_____	\$ _____	_____
3) _____	_____	_____	\$ _____	_____
SITE PLAN REQUIREMENTS – Your application WILL NOT BE PROCESSED WITHOUT the FOLLOWING:			E911 Fee: \$ _____	
<input type="checkbox"/> ATTACH A SITE PLAN OR PLAT OF SURVEY DRAWN TO SCALE AND SHOWING THE FOLLOWING:			Fee Total: \$ _____	
<input type="checkbox"/> North arrow and scale			Date Paid: _____	Chk#: _____
<input type="checkbox"/> All LOT LINE DIMENSIONS & Distances To, & Between, Existing & Proposed Structures				
<input type="checkbox"/> Square footage of all proposed structures and location & distances to all other existing structures				
<input type="checkbox"/> 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"/> A copy of all applicable access, right-of-way, and/or septic permits * (Applicant must contact the County Engineer's office at: 712-737-2248)				

The undersigned applicant, by signature, indicates his/her agreement to the conditions outlined in this permit, and to adhere to the zoning regulations applicable to this permit, unless otherwise approved through proper zoning procedure and to the setback requirements pertaining to this project. The applicant also acknowledges his/her understanding and 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 minimum setback requirements for this project are as follows: from the property line(s): FRONT-1 _____', FRONT-2 _____', SIDES _____' REAR: _____'.
- That this project must be completed in full, as authorized, no later than _____ (date) or one(1) year from permit issuance, whichever is later.

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

PERMIT # ASSIGNED:	FOR OFFICE USE ONLY:
ZONING ADMINISTRATIVE APPROVAL: This application and site plan presented by the applicant have been reviewed for compliance with the Sioux County Zoning Ordinance and have been determined agriculturally exempt from zoning permit fees. Unauthorized changes to the private agricultural usage noted or to the site plan presented will render this permit null and void. Exception as noted: _____ This permit application is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied as presented. _____ Zoning Administrator Date	COUNTY ENGINEER/SECONDARY ROADS APPROVAL: <input type="checkbox"/> NOT APPLICABLE _____, Zoning Director Road Access Issues: _____ Proposed Construction is clear of: <input type="checkbox"/> County Tile <input type="checkbox"/> Floodplain Proposed Construction complies with following codes and/or ordinances: <input type="checkbox"/> Well & Septic Regulations <input type="checkbox"/> Access/Right of Way _____ County Engineer Date

GeoComm notified:	Assessor notified:	<input type="checkbox"/> Entered: MMP DB	Sent to Engineer:
911 address assn:		<input type="checkbox"/> Entered Permit DB	
ESN:	Applicant notified:	<input type="checkbox"/> Entered Address DB	Engineer Completed: