

CITY OF WEST OKOBOJI
APPLICATION FOR ZONING COMPLIANCE CERTIFICATE

APPLICANT: _____

DATE: _____

ADDRESS: _____

APPLICATION#: _____

PHYSICAL PROPERTY ADDRESS: _____

PHONE: _____

I HEREBY REQUEST A ZONING COMPLIANCE CERTIFICATE, ___ TO BUILD, ___ TO ALTER, STRUCTURE ON THE FOLLOWING DESCRIBED PREMISES (Legal Discription): _____

IMPROVEMENTS PROPOSED: _____

AREA OF LOT (L xW): _____ sq feet.

ESTIMATED COST: _____

FRONT YARD (depth): _____ feet

ZONING DISTRICT: _____

YARD (R) _____ feet (L) _____ feet

HEIGHT OF BUILDING: _____

REAR YARD (depth) _____ feet

OFF-ROAD PARKING: _____

SIGN _____

OFF-STREET LOADING: _____

PRINCIPAL USE: _____

ACCESSORY USE: _____

IN CHARGE OF KEEPING ROAD, SIGHT AND NEIGHBORHOOD CLEAN

NAME: _____

PHONE: _____

CONTRACTORS (Demo-Dirt-Water-Sewer-Plumber-Shingles-Siding-Landscaping-Sprinkler-Other Sub Contractors)
NAMES & PHONE NUMBERS: _____

ATTACH A CERTIFIED SURVEY & A DRAWING OF THE STRUCTURE SHOWING DISTANCES TO PROPERTY LINES

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THAT THE ABOVE CONSTRUCTION AND USE WILL COMPLY WITH THE ZONING ORDINANCE IN ALL RESPECTS.

SIGNED BY: _____

(Applicant)

Check List: ___ Correct Property Description ___ Correct Reason for Permit ___ Drawing & Survey ___ Silt Fence
___ DNR Permit (if applicable)

ZONING COMPLIANCE CERTIFICATE ___ GRANTED ___ DENIED (Reason) _____

FEE COLLECTED \$ _____

DATE _____

SIGNED BY _____
(Lissa Ballis)

(Zoning Administrators)

SIGNED BY _____
(Jason Eckard)