



City of West Okobojo

ZONING PERMIT APPLICATION

PERMIT MUST BE FILLED OUT IN ITS ENTIRETY OR IT WILL BE RETURNED

ZONING CODE, SECTION 16.3, ZONING PERMITS REQUIRED: "NO LAND SHALL BE OCCUPIED OR USED, AND NO BUILDING OR STRUCTURE HEREAFTER ERECTED OR STRUCTURALLY ALTERED SHALL BE OCCUPIED OR USED FOR ANY PURPOSES WHATSOEVER, UNTIL THE ZONING ADMINISTRATOR ISSUES A PERMIT. NO CHANGE OF USE SHALL BE MADE IN ANY BUILDING OR PART THEREOF, NOW OR HEREAFTER ERECTED OR STRUCTURALLY ALTERED, WITHOUT A PERMIT BEING ISSUED BY THE ZONING ADMINISTRATOR."

PROPERTY & OWNER INFORMATION

Owner Name: _____ Cell Phone: _____

Address/City/State/Zip: _____

Address of Proposed Work: _____

Email: _____

APPLICANT INFORMATION (If other than PROPERTY OWNER)

Builder: Contractor: Design Professional: Other: _____

Applicant Name: _____ Cell Phone: _____

Address/City/State/Zip: _____

Address of Proposed Work: _____

Email: _____

Table with 2 columns: CITY USE ONLY. Rows include: Date Permit Issued, Permit No., Lot Size (sq.ft.), Zoning District, Legal Description (lot, block, subdivision), Required Yard Setbacks (by Ordinance) with Front/Side and Rear/Side fields, Permit Fees, Date Paid.

SPECIAL NOTE: THE LOCATION OF PROPERTY LINES & EASEMENTS IS THE SOLE RESPONSIBILITY OF THE PROPERTY OWNER. THE CITY OF WEST OKOBOJO DOES NOT AND WILL NOT LOCATE PROPERTY LINES OR EASEMENTS. THE CITY ACTS ON INFORMATION PROVIDED ON THIS FORM. FALSIFICATION OF INFORMATION ON THIS FORM CAN RESULT IN PERMIT NON-ISSUANCE, REVOCATION AND/OR LEGAL ACTION. IT IS HIGHLY RECOMMENDED A LICENSED LAND SURVEYOR BE USED TO ESTABLISH THE LOCATION OF PROPERTY LINES. IF ANY CONSTRUCTION OR PLANTINGS OCCUR IN EASEMENTS AND IT IS NECESSARY FOR THE CITY OR UTILITY COMPANY TO ACCESS SUCH EASEMENT, NO COMPENSATION SHALL BE GIVEN FOR SUCH DISTURBANCE.

YARD MEASUREMENTS (Setback Distances from Property Lines)

Please do not mark with X's. Must be measurements (in feet) from the property lines

Front Yard (from proposed building/structure to front lot line) _____ ft. Right Side to side property line _____ ft. (as applicable)

Rear Yard (from proposed building/structure to rear lot line) _____ ft. Left Side to side property line _____ ft (as applicable)

DETAILED DESCRIPTION OF PROPOSED PROJECT

What do you want to build? Describe in detail (add more pages, maps or drawings as necessary): _____

CONTRUCTION INFORMATION

Estimated Start Date: _____ Estimated Completion Date: _____ Project Cost: _____

General Contractor (Name, Phone & Email): _____

Plumbing (Name, Phone & Email): _____

Electrical (Name, Phone & Email): _____

Excavating (Name, Phone & Email): _____

For New Construction/Building Addition/Accessory Building (garages/sheds) Projects:

Size of Bldg./Structure: _____ ft. X _____ ft. Height of Bldg./Structure: _____ ft. Foundation Depth _____ ft. Number of Parking Stalls: _____

For Fence/Wall/Retaining Wall Projects:

Location of structure: _____ Front Yard _____ Rear Yard _____ Side Yard Total Height: _____ ft. Length: _____ ft. Width: _____ ft.

For Deck/Patio/Ramp Projects:

Location of structure: _____ Front Yard _____ Rear Yard _____ Side Yard Total Height: _____ ft. Length: _____ ft. Width: _____ ft.

TYPE OF CONSTRUCTION OR PROJECT Check ALL that Apply:

New Construction
 Bldg. Addition
 Accessory Bldg. (shed/garage)
 Demolition
 Moving
 Fence
 Residential
 Commercial
 Recreational
 Government/Public
 Agricultural
 Conservation
 Single Family Dwelling
 Duplex Dwelling
 Other Project: _____

Does this project involve any excavation or construction of any kind within a lakeshore bank YES NO

DESCRIPTION OF PROPOSED BUILDING MATERIALS Check ALL Building Materials That Apply:

Wood Frame
 Metal Framing
 Brick
 Concrete
 Stone/Brick (or Veneer)
 Wood Siding
 Vinyl Siding
 Other Building Materials: _____
 Building materials for fence or deck projects: _____
 Roofing Materials: Asphalt
 Metal (non-corrugated)
 Metal Shingle
 Membrane (flat roof)
 Other: _____

SITE PLAN REQUIREMENTS

_____ SITE PLAN ATTACHED WITH THIS APPLICATION (check for attached site plan prepared as specified below)
 Any new construction residential, civic, conservation, governmental or commercial projects **should provide architectural drawings, property survey or plot plan** along with the application. Smaller project site plans should include:

- ✓ Draw the lot showing lot measurements. Lot measurements may be obtained from the Dickinson County Assessor's website
- ✓ *Note: Street paving line is typically NOT the front property line.*
- ✓ Show all existing and proposed new buildings or structures with dimensions
- ✓ Show the distance between all existing and proposed buildings and the nearest lot or property lines
- ✓ Label adjacent streets and indicate alleys and easements as applicable. Use directional arrow to indicate north.

The city reserves the right to require additional information necessary to review the proposed project.

CHECKLIST

_____ Is the application filled out and accurate in its entirety? _____ Is a silt fence or soil erosion plan included?
 _____ Is a site plan, survey, or images provided of the project? _____ Is an IDNR permit required for any applicable project?

ADDITIONAL INFORMATION/DISCLOSURE:

RETURN COMPLETED AND SIGNED APPLICATION TO THE WEST OKOBOJI CITY HALL AT 501 TERRACE PARK BLVD. PERMIT EXPIRES ONE (1) YEAR AFTER ISSUE DATE. IF TIME PERIOD HAS ELAPSED, A NEW PERMIT APPLICATION IS REQUIRED. THE ZONING PERMIT FEE IS SET BY RESOLUTION OF THE CITY COUNCIL AND IS PAYABLE AT THE TIME SUCH PERMIT IS ISSUED. **THE PERMIT FEE SHALL DOUBLE IF CONSTRUCTION STARTS BEFORE THE PERMIT IS APPROVED.** IT IS THE APPLICANT'S RESPONSIBILITY TO NOTIFY IOWA ONE-CALL (1-800-292-8989 OR 811) BEFORE ANY EXCAVATION BEGINS. IT IS THE RESPONSIBILITY OF THE APPLICANT TO DETERMINE IF ANY SUBDIVISION COVENANTS, DEED RESTRICTIONS, OR EASEMENTS MAY AFFECT THE PROJECT. ABSOLUTELY NO PERMIT WILL BE ISSUED ON THE SPOT. THE ZONING ADMINISTRATOR MAY REQUIRE A CONFERENCE BEFORE ISSUANCE.

ACKNOWLEDGEMENT & SIGNATURE

The applicant, by signing, acknowledges and agrees to the conditions of this permit; and that the provisions of the West Okoboji Zoning and Subdivision Ordinances and the West Okoboji Code of Ordinances may be applicable to the submitted project. I hereby will defend, indemnify, protect and hold harmless the City of West Okoboji and its employees from any and all liability from any claim or cause of action which any person may claim to have by reason of any actual or alleged failure on the part of the undersigned applicant to comply with the terms and provisions thereof. I hereby certify that I have read and examined this application and its attachments and know the same to be complete, true and correct. All provisions of laws and ordinances governing this type of work shall be completed with whether specified herein or not. I agree and will provide notification of any change prior to construction. The granting of this permit does not presume to give authority to violate or cancel the provision of any other state or local laws regulating construction or the performance of construction. The approved permit allows the construction of the proposed building/structure as noted on this application and any submitted documentation. Any unauthorized change to approved permit and plans, or use of property, as presented will render this permit null and void

Signed: _____ Date: _____
 Property Owner
 Signed: _____ Date: _____
 Contractor, Applicant, or other Authorized Representative (if Owner is not completing the work)

CITY USE ONLY

Reviewed by: _____ Date: _____
 West Okoboji Zoning Administrator or Authorized Representative
 Approved Denied Conditional Approval - *if conditional approval, conditional required:*
 Review comments: _____
 Permit Request Requires: Variance Conditional Use Change of Zoning Classification
 If required, forwarded to Planning Commission or Board of Adjustment for additional review on: _____ (date)

