



City of Sheldon

416 9th Street
PO Box 276
Sheldon, IA 51201
Phone: 712-324-4651 Fax: 712-324-4601
Website: www.sheldoniowa.com

APPLYING FOR A ZONING PERMIT ???

Requirements:

1. Obtain Zoning Permit Application.
2. Complete application in full & return. Incomplete applications will be returned for remainder of information.
3. Be sure to have the property description listed. New construction applications will not be processed without it.
4. Site drawing must be completed with measurements. The city checks measurements, we do not do the measurements for you. Note: (The Zoning Administrator reserves the right to require additional information which may include blueprints). **The city does not locate property lines. That is your legal responsibility. The city recommends that you secure the services of a licensed land surveyor.**
5. **ABSOLUTELY NO PERMITS WILL BE ISSUED "ON THE SPOT".**
6. Applications will be reviewed as soon as possible, however construction cannot start until a permit has been issued.
7. Any application for residential or commercial new construction, or major addition, remodeling, etc. will require sidewalks as per code unless already in place.
8. Construction must be at measurements listed on application. Any variation of dimensions without additional approval will invalidate application and approval. A violation of this provision will cause permit to be revoked and legal action implemented.
9. A copy of the approved zoning permit must be posted in public view during construction.

Adherence to these requirements will make the application and construction process go smoothly.

YOUR COOPERATION IS GREATLY APPRECIATED

City of Sheldon Application for Zoning Permit

City Code, Chapter 23.3, Zoning Permits Required: "No building or other structure shall be erected, moved, remodeled or added to, without a zoning permit therefore issued by the Zoning Administrator. No permit shall be issued except in conformity with the provisions of this chapter, except by written order by the Board of Adjustment." Note: Incomplete applications will not be processed.

Applicant (property owner) Name	Date			
Applicant's Address	City	State	Zip	Telephone

Location Information:

Address of Proposed Work	Square footage of Lot
--------------------------	-----------------------

- > Legal Description of Property - Note: New Construction Applications will not be processed without a description – attach separate sheet if necessary:

Site Information:

Special Note: The City of Sheldon does not and will not locate property lines. This is the sole responsibility of the property owner. The City acts on information provided on this form. Falsification of information on this form can result in non-issuance, revocation and/or legal action. It is highly recommended that a licensed land surveyor be used to establish the location of property lines. The City of Sheldon, Iowa accepts no liability for said measurements or location of lines.

- > Set Backs: (Application will not be processed without measurements from proposed building to each property line).

<input type="checkbox"/> Interior Lot	<input type="checkbox"/> Front Yard Setback	<input type="checkbox"/> Right Side Setback
<input type="checkbox"/> Corner Lot	<input type="checkbox"/> Rear Yard Setback	<input type="checkbox"/> Left Side Setback

- > Describe what you plan to build? _____

Check all that apply...

<input type="checkbox"/> Commercial	<input type="checkbox"/> One Family	<input type="checkbox"/> Garage	<input type="checkbox"/> Basement
<input type="checkbox"/> New	<input type="checkbox"/> Industrial	<input type="checkbox"/> Two Family	<input type="checkbox"/> Unattached
<input type="checkbox"/> Addition	<input type="checkbox"/> Demolish	<input type="checkbox"/> Residential	<input type="checkbox"/> Multi-Family
	<input type="checkbox"/> Attached	<input type="checkbox"/> Alteration	

Construction Information:

Estimated Start Date: _____ Estimated Completion Date: _____

Estimated Square Footage or Floor Space: _____ Estimated Cost: _____

____ Wood Frame ____ Brick Frame ____ Steel Frame ____ Concrete Block
____ Poured Concrete ____ Wood Siding ____ Steel Siding ____ Stone/Brick Veneer
 ____ Vinyl Siding

Height of Structure: _____ Depth of Foundation: _____ Contractor's Name: _____

Permit expires twelve months after issuance if construction has not begun. If twelve month time period has elapsed, an extension may be granted at the discretion of the Zoning Administrator or a new permit application must be filed.

Zoning Information:

Present Zoning District: _____

Intended Principal Use: _____

Intended Accessory Use: _____

Site Plan Information:

Please identify proposed building, etc. Show set back footage from each property line. Show location of any adjacent streets or alley. Use a separate sheet if necessary or attach drawings. The Zoning Administrator reserves the right to require any additional information, including blueprints.

Additional Information:

No permit shall be issued for any residential or commercial structure if there are no provisions in the proposed plan for construction of sidewalks as per city code. This stipulation does not apply if sidewalks are already in place. Failure to construct sidewalks will result in legal action.

It is the responsibility of the applicant to determine if any sub-division covenants or easements may affect this project.

Once application is completed, turn in at city offices. Absolutely no permit will be issued on the spot. The Zoning Administrator may require a conference before issuance.

Under no circumstances may construction begin before an approved permit is issued.

A Copy Of The Approved Zoning Permit Must Be Posted In Public View.

City offices are located in the Sheldon Community Services Center at 416 – 9th Street in Sheldon, Iowa.

_____ Date
Applicant's Signature (must be in ink)

.....**For Office Use Only**.....

Permit Number Assigned _____ Date _____

____ Approved ____ Denied

_____ Zoning Administrator

If Denied, reason for denial:

Reservation:

Fees:

_____ Permit Fee	_____ Water Connection
_____ Watering Meter	_____ Sanitary Assessment