



City of Sheldon

416 9th Street  
PO Box 276  
Sheldon, IA 51201  
Phone: 712-324-4651 Fax: 712-324-4601  
Website: [www.sheldoniowa.com](http://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
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- > 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).

___ Interior Lot	___ Front Yard Setback	___ Right Side Setback
___ Corner Lot	___ Rear Yard Setback	___ Left Side Setback

- > Describe what you plan to build? \_\_\_\_\_

Check all that apply...

___ Commercial	___ One Family	___ Garage	___ Basement
___ New	___ Industrial	___ Two Family	___ Unattached
___ Addition	___ Demolish	___ Residential	___ Multi-Family
	___ Attached	___ 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 – 9<sup>th</sup> Street in Sheldon, Iowa.

\_\_\_\_\_  
Applicant's Signature (must be in ink)

\_\_\_\_\_  
Date

.....**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

APPEAL TO THE  
BOARD OF ADJUSTMENT

Zoning File No. \_\_\_\_\_

Appeal No. \_\_\_\_\_

Date \_\_\_\_\_

I (We), \_\_\_\_\_ of \_\_\_\_\_  
Name Mailing Address

respectfully request that a determination be made by the Board of Adjustment on the following appeal, which was denied by the Enforcing Officer on \_\_\_\_\_, 19 \_\_\_\_ for the reason that it was a matter which, in his opinion, should properly come before the Board of Adjustment.

An interpretation \_\_\_\_, exception \_\_\_\_, variance \_\_\_\_ is requested to

Section \_\_\_\_\_ of the Zoning Ordinance for the reason that:

\_\_\_\_ It is an appeal for an interpretation of the ordinance or map.

\_\_\_\_ It is an exception to the ordinance on which the Board of Adjustment is required to pass.

\_\_\_\_ It is a request for a variance relating to the \_\_\_\_ use, \_\_\_\_ area, \_\_\_\_ frontage, \_\_\_\_ yard, (or) \_\_\_\_\_ provisions of the Ordinance.

Remarks: \_\_\_\_\_

The premises affected are located at \_\_\_\_\_ in

Zone District \_\_\_\_\_. Legal description of property

involved in this appeal: \_\_\_\_\_

Has any previous application or appeal been filed in connection with these premises? \_\_\_\_\_

What is the applicant's interest in the premises affected? \_\_\_\_\_

What is the approximate cost of the work involved? \_\_\_\_\_

Explanation of purpose to which property will be put: \_\_\_\_\_

Ground Plan and elevations attached? \_\_\_\_ yes \_\_\_\_ no. If no,

explain: \_\_\_\_\_

Following, is an abstractor's plat and list of property owners within 200 feet of the exterior limits of the property involved in this appeal, together with addresses of same:

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____

I (we) further state that if this request is granted, I (we) will proceed with the actual construction in accordance with the plans herewith submitted within six months from date of filing this appeal; will complete the work within \_\_\_\_ year(s) from said date; and that I am able from a financial, legal, and physical basis to do so.

Date: \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Signature(s) of Applicant(s)

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For Use of Board of Adjustment Only

Date hearing advertised \_\_\_\_\_ Date of hearing \_\_\_\_\_

Fee paid - Receipt No. \_\_\_\_\_

Decision of the Board of Adjustment \_\_\_\_\_

Reasons:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Other Remarks:

\_\_\_\_\_  
\_\_\_\_\_

BOARD OF ADJUSTMENT

By: \_\_\_\_\_  
Secretary