



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 ???

Form updated Sept 2021

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 may check 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	Phone & Email

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 (A good source for property information is beacon.schneidercorp.com)

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.

Interior Lot OR Corner Lot

- > Setbacks: (Application will not be processed without measurements from proposed building to each property line). **Please do not mark with X's. Must be measurements (in feet) from the property line.**

_____ Front Yard Setback
_____ Rear Yard Setback
_____ Right Side Setback (facing address side)
_____ Left Side Setback (facing address side)

- > Describe what you plan to build (include description of materials used)?

Check all that apply...

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> New (built on site) | <input type="checkbox"/> Garage (detached) | <input type="checkbox"/> Or (attached) |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> New (Moved in) | <input type="checkbox"/> Basement | <input type="checkbox"/> Demolish |
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Used (Moved in) | <input type="checkbox"/> Egress windows | <input type="checkbox"/> Alteration |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Addition | | |
| <input type="checkbox"/> Multi family | | | |

Construction Information:

Estimated Start Date: _____ Estimated Completion Date: _____

Estimated Square Footage or Floor Space (please include length, width, and square footage):

Estimated Cost: _____

- | | | | | |
|---------------------|---------------------------------------|--------------------------------------|---|---|
| Framing →→→→ | <input type="checkbox"/> Wood Frame | <input type="checkbox"/> Brick Frame | <input type="checkbox"/> Steel Frame | <input type="checkbox"/> Concrete Block |
| Sides →→→→ | <input type="checkbox"/> Vinyl Siding | <input type="checkbox"/> Wood Siding | <input type="checkbox"/> Steel/metal Siding | <input type="checkbox"/> Stone/Brick Veneer |

Height of Structure _____ Foundation depth _____ 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.

City offices are in the Sheldon Community Services Center at 416 9th 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

Form updated Sept 2021

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 _____, 20____ because 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

Zoning 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: _____

Plot Plan attached? _____

Ground Plan and elevations attached? Yes ___ No ___ If no, explain: _____

Notices will be sent by the City to property owners of record within 200' feet.

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: _____, 20___ _____

Signature(s) of Applicant(s)

For Use of Board of Adjustment Only

Date hearing advertised _____ Date of hearing _____

\$150 Fee paid - Receipt No. _____

Decision of the Board of Adjustment _____

Reasons:

1. _____
2. _____
3. _____

Other Remarks:

BOARD OF ADJUSTMENT

By: _____
Secretary