

COUNTY OF CEDAR

STATE OF IOWA

Application for Zoning/Building Permit

Application No. _____ Date _____

Zoned _____

Application is hereby made by _____

Present Address _____

City _____ State _____ Zip _____

911 Address of Building Site: _____

Unincorporated Town _____ Township _____

Lot _____ Block _____ Sec. _____, T-_____N, R-_____W

Legal Description: _____ 1/4, _____ 1/4, Sec. _____, T-_____N, R-_____W

Type of Building Proposed: _____

Dimensions of Main (if addition) or Proposed Structure: _____

Lot Size or Tract Area: _____

Height of Structure: Stories _____ Feet _____

Front Yard _____ Feet Rear Yard _____ Feet

Side Yard _____ Feet Side Yard _____ Feet

Occupancy Use _____ Date of Completion _____
Ind. Comm. Res. (Proposed)

The undersigned applicant certifies under oath and under the penalties of perjury that the foregoing information is true and correct.

Contractor _____ Signed _____

Address _____ Owner _____

City _____ State _____ Agent _____

Zip _____ Power of Attorney _____

Attach sketch of tract, with dimensions of proposed buildings and footage to property lines.

Estimated Costs for Building(s) _____

This permit expires one (1) year from the date of issue. **Failure to acquire permit prior to beginning construction will double the permit fee.**

Permit granted to proceed in accordance with information shown in this application and receipt of fee acknowledged.

Approved: _____
Administrative Officer