



# Zoning Compliance Permit

Sioux County Planning and Zoning Administration • PO Box 233 • 210 Central Avenue SW • Orange City • IA • 51041  
Phone (712) 737-3820 • Fax (712) 707-9243 • Email: zoning@siouxcounty.org • www.sioxcounty.org

<ul style="list-style-type: none"> <li><b>PERMIT REQUIREMENTS -- THIS APPLICATION CAN NOT BE PROCESSED without the following:</b></li> </ul> <ol style="list-style-type: none"> <li>PROVIDE A SITE PLAN: A PLAT OF SURVEY OR AERIAL IMAGE, WHICH SHOWS THE FOLLOWING:             <ul style="list-style-type: none"> <li>North arrow and scale, all Lot Line Dimensions &amp; Distances To &amp; Between Existing &amp; Proposed Structures</li> <li>MEASUREMENTS of all PROPOSED STRUCTURES and LOCATION &amp; distances to all other existing structures</li> <li>All ROADS (include road names) abutting the property AND EXISTING &amp; PROPOSED ACCESSES</li> </ul> </li> <li>PROVIDE A BLUE PRINT OF THE PROPOSED STRUCTURE(S) – ALL LEVELS <span style="border: 1px solid black; padding: 2px;">*MINIMUM FEE DUE: \$25.00</span></li> <li>FEE PAYMENT * – PRECONSTRUCTION - MULTIPLY ESTIMATED PROJECT COSTS(TOTAL MATERIALS &amp; LABOR) BY .002                – PROJECT COMPLETE ('AS BUILT'), OR IN PROCESS, FEE IS DOUBLED: MULTIPLY ESTIMATED PROJECT COSTS BY .004</li> <li>APPROVAL of applicable ACCESS, RIGHT-OF-WAY, &amp; SEPTIC Permits → <b>APPLICANT must contact COUNTY ENGINEER @ 712-737-2248 for these permissions!</b></li> </ol>	<b>FOR OFFICE USE ONLY</b>	
	APPLICATION #:	
	TOTAL VALUATION:	\$
	PERMIT FEE:	\$
	E911 FEE:	\$
	FEE TOTAL:	\$
DATE PAID:	CHK#:	

<b>APPLICANT (PROPERTY OWNER):</b>	<b>SITE LOCATION - E911 ADDRESS:</b>
MAILING ADDRESS (IF DIFF THAN SITE):	TOWN, STATE & ZIP:
TOWN, STATE & ZIP :	PRIMARY USE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/>
PHONE #: Home: Cell:	IF THERE IS, OR WILL BE, AN ONSITE BUSINESS, HOW MANY PERSONS ARE EMPLOYED?
<b>CONTRACTOR NAME:</b>	<b>PARCEL ID #:</b>
ADDRESS (COMPLETE)	PARCEL SIZE(ACRES): QTR / QTR#:
PHONE NO.:	TOWNSHIP NAME: SECTION #:
ANTICIPATED START DATE: COMPLETION DATE:	CURRENT ZONING CLASS: CURRENT TAX CLASS:

<b>CURRENT LAND USE (CHECK ALL THAT APPLY):</b>		<b>PROPOSED PROJECT USE: * MAY REQUIRE ADDITIONAL PERMITS</b>	
<input type="checkbox"/> Dwelling occupied by: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Commercial or Business	<input type="checkbox"/> Dwelling - <input type="radio"/> NEW (on 35 acres)	<input type="checkbox"/> Commercial * <input type="checkbox"/> Industrial *
<input type="checkbox"/> Accessory Structure(s) # _____	<input type="checkbox"/> Open Air Sales/Salvage	<input type="checkbox"/> REPLACEMENT <input type="checkbox"/> ADDITION	<input type="checkbox"/> Open Air Sales/Salvage *
<input type="checkbox"/> Pasture # acres _____	<input type="checkbox"/> Local Utility Services	<input type="checkbox"/> Accessory Use Structure (i.e. utility shed)	<input type="checkbox"/> Local Utility Services *
<input type="checkbox"/> Horticulture: <input type="checkbox"/> private <input type="checkbox"/> for seasonal sales	<input type="checkbox"/> Government/Public Use	<input type="checkbox"/> Sales: <input type="radio"/> Seasonal <input type="radio"/> Permanent*	<input type="checkbox"/> Government/Public Use *
<input type="checkbox"/> Stable: <input type="checkbox"/> Private <input type="checkbox"/> rent space to others	<input type="checkbox"/> Park/Recreation Services	<input type="checkbox"/> Stable/Barn <input type="radio"/> Private <input type="radio"/> For rental*	<input type="checkbox"/> Park/Recreation Services*
<input type="checkbox"/> Kennel: <input type="checkbox"/> Private <input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Kennel: Total # dogs, cats, other: _____*	<input type="checkbox"/> Wind Energy System-Private
<input type="checkbox"/> Abandoned Acreage	<input type="checkbox"/> Wind Energy System	<input type="checkbox"/> Business: # Employees: _____*	<input type="checkbox"/> Wind Energy System-Commercial*
<input type="checkbox"/> Home Occupation (additional permit required)	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Home Occupation *	<input type="checkbox"/> Other *:

CONSTRUCTION/IMPROVEMENT: DESCRIPTION AND INTENDED USAGE	DIMENSIONS	ESTIMATED COMPLETION VALUE:
1)		
2)		

ARE YOU ADDING OR MODIFYING: BATHROOM OR PLUMBING?  Yes\*  No | PROPERTY ENTRANCE?  Yes\*  No | OR ADDING SQUARE FOOTAGE?  Yes\*  No

The undersigned applicant by signature indicates his/her agreement to the conditions outlined by this permit, & adherence to the zoning regulations applicable to this permit -unless otherwise approved through proper zoning procedure, & to the setback requirements pertaining to this project. **The applicant also acknowledges his/her understanding & agreement that:**  
 1) This permit is valid ONLY for the project as presented to and approved by the zoning director; AND 2) that any changes made to either the site plan submitted or to the construction/improvement/usage authorized by this permit must be reviewed by the Zoning Director for zoning compliance AND 3) That failure to notify the zoning office of such changes may result in violation of the Zoning Ordinance and monetary penalties, AND 4) That it is the intent of the applicant to build the structure(s) noted on this form in accordance with the plan(s) submitted, for the usage(s) indicated, and on the parcel/land as indicated in the plan(s) presented to the Zoning Director for approval, AND 5) That adherence to all applicable code regulations including, but not limited to: sewage disposal, electric, and International Building Code, is solely the responsibility of the applicant AND 5) The project must adhere to the minimum setback requirements required by ordinance unless otherwise noted, and be completed no later than the date indicated below. **The applicant certifies under oath that the foregoing information is true and correct and verifies his or her understanding of the terms of this zoning permit approval as noted on this permit.**

Applicant / Property Owner Signature (or authorized representative)

Date

Email address

<b>FOR ZONING OFFICE USE ONLY:</b>	STRUCTURE LOCATION APPEARS TO BE CLEAR OF FEMA DESIGNATED FLOOD ZONE: <input type="checkbox"/> Yes <input type="checkbox"/> No	STRUCTURE SITE IS 1' OR MORE ABOVE BFE: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	ALSO NEED COUNTY: <input type="checkbox"/> SEPTIC PERMIT* <input type="checkbox"/> ENTRANCE PERMIT* <input type="checkbox"/> CONDITIONAL USE PERMIT <input type="checkbox"/> HOME OCCUPATION PERMIT <input type="checkbox"/> FLOOD PLAIN PERMIT	
	FEDERAL: <input type="checkbox"/> LOMA/LOMR <input type="checkbox"/> FLOOD PLAIN PERMIT	STATE: <input type="checkbox"/> FLOOD PLAIN PERMIT
	▶ PROJECT IS COMPLIANT WITH UTILITY HEIGHT &/OR AIRPORT/TALL STRUCTURES REGULATIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

**ZONING ADMINISTRATIVE APPROVAL:** PERMIT # \_\_\_\_\_

This application & corresponding site plan have been reviewed for compliance with the Sioux County Zoning Ordinance & Flood Plain Management Plan. **Any unapproved alterations and/or changes to the permit materials submitted for review will render this permit null & void. Approval is contingent upon adherence to all other applicable Federal, State, and County regulations pertinent to and governing this project!**  
**NOTE:** All structures MUST meet or exceed current IBC regulations. Construction (including removal) **Must be completed WITHIN ONE YEAR** of signature date below.

Min. setbacks required (ft): Front: \_\_\_\_\_ / Slide 1/2: \_\_\_\_\_ / Rear: \_\_\_\_\_

This permit application is:  APPROVED AS PRESENTED  DENIED

Authorization expires in:  ONE YEAR  \_\_\_\_\_ Months

\_\_\_\_\_  
Zoning Administrator Date

**COUNTY ENGINEER/SECONDARY ROADS APPROVAL\*:**

NOT APPLICABLE \_\_\_\_\_, Zoning Director

Engineer Notes: \_\_\_\_\_

Proposed Construction is clear of:  County Tile  Right of Way

Proposed Construction complies with following Codes & Ordinances:  
 Well & Septic Regulations  Access/Right of Way

\_\_\_\_\_  
County Engineer Date