

ZONING PERMIT APPLICATION
City of Waukon, Iowa

Applicant:
Address:
 Date:
Phone Number:

To: Build Addition Alteration Move
on the following property Same as above
Different Address
Legal Description (Lot, Block Subdivision, etc.)

Name of Property Owner Same as Applicant
Owner's Name
Owner's Address

Owner's Signature

Roof: Type of Construction: Home
Heating: Walls: Addition
Foundation: Garage
 Deck / Porch
Principal Use: Fence
Accessory Use: Shed
Property Information: Other

Lot Width: Front Yard Setback
Lot Depth: Rear Yard Setback
Building Height: Left Yard Setback
Size of Building BY Right Yard Setback
Off Street Parking Estimated Cost: \$

Contractor's Information Self
Name
Address

Phone Number Estimated Start Date:

Other Information:

I certify that the above information is true and accurate and that the above construction and use will comply with the zoning ordinance in all respects.

Date: Signed:

IOWA ONE CALL 1-800-292-8989 Applicant
Confirmation Number:

Water Hook up Sewer Hook up Street Bond Driveway Permit

