ZONING PERMIT APPLICATION

City of Waukon, Iowa

Applicant:				
Address:			Date:	1
			Phone Number:	
To:	Build	Addition	Alteration	ove
on the	following property	Same as above Different Address	. T	T .
Lega	l Description (Lot, Bloo			
Name	of Property Owner	Same as Applican Owner' Name	t	1
		Owner's Address		
		Onwer's Signature		
		Type of Constructio	<u>n:</u>	Home
Roof:		Walls:		Addition
Heating:		Foundation		Garage
	61 II 165 COC	-		Deck / Porch
-	pal Use:			Fence
	ory Use:			Shed
Property In		20		Other
	ot Width:		Front Yard Setback	
L	ot Depth		Rear Yard Setback	
Buildin	g Height		Left Yard Setback	
Size of	Building	BY	Right Yard Setback	
Off Stree	et Parking	Est	imated Cost: \$	
Contr	actor's Inforamtion	Self		26977
	Name			
	Address			
	<u> </u>			
I	Phone Number	Estin	mated Start Date:	
	<u> </u>			
Other Inf	formation:			
			that the above construction :	and
use will con	ply with the zoning ord	linance in all respects.		
		_		
Date:		Signed:		
		Applicant	-	
IOWA (ONE CALL 1-800-292-8	3989 Confirmation	on Number:	
	Vater Hook up	Sewer Hook up	Street Bond	Driveway Permit

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Special Exception Variance Required Section of the Code: Description																															
														_																	
Permission is hereby: GRANTED DENIED Reason for Denial:																															
Date: Signed: Zoning Administrator																															
Zoning Administrator																															
APPEALS: Appeals to the Board of Adjustment may be taken by any person aggrieved or affected by any																															
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shall, following the filing of a notice of appeal, forthwith transmit to the board all documents constituting the record upon which the action appealed was taken from.																															
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Appealed to the Waukon Board of Adjustment on Date																															
Action:																															
-	ACHOII.																														
D	ate:							1			Sig	ned	: Г																		
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7	Chairman, Waukon Board of Adjustment Zoning Form 1 (Apr 2010) page 2																														