

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' Name
 Owner's Address
Owner's Signature

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

Applicant
Confirmation Number:

IOWA ONE CALL 1-800-292-8989

Water Hook up **Sewer Hook up** **Street Bond** **Driveway Permit**

