

**ZONING APPLICATION
WINNEBAGO COUNTY, IOWA**

No. _____, 20____
(Date)

APPLICATION IS HEREBY MADE BY: _____
(Name)

(Mailing Address)

(Site Address) (Phone)

TO: _____ BUILD _____ ALTER _____ OCCUPY BUILDING ON THE FOLLOWING:

QUARTER: _____ SECTION: _____ TOWNSHIP: _____ RANGE: _____
OR
PARCEL NUMBER _____

TYPE OR PURPOSE OF IMPROVEMENT PROPOSED: _____

PROPOSED DIMENSIONS _____

SIZE OF LOT/ACREAGE: _____

STRUCTURE WILL SET BACK _____ FEET FROM FRONT (RIGHT-OF-WAY) LINE

STRUCTURE WILL BE _____ FEET FROM N, S, E, W (Circle direction) SIDE LOT LINE

AND _____ FEET FROM N, S, E, W (Circle direction) SIDE LOT LINE

STRUCTURE WILL BE _____ FEET FROM REAR LOT LINE

TYPE OF SANITARY DISPOSAL: _____

SEPTIC TANK PERMIT NUMBER: _____

TYPE OF WORK: _____ NEW _____ ALTERATION _____ ADDITION

NUMBER OF FAMILIES: _____ SIZE: _____

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

(OWNER OR AGENT)

APPROVED

DENIED

ADMINISTRATOR
ZONING COMMISSION

THIS APPLICATION MUST BE ACCOMPANIED BY AN APPLICATION FEE OF TEN DOLLARS (\$10.00) MADE PAYABLE TO THE WINNEBAGO COUNTY TREASURER AND A SKETCH OF THE TRACT OR LOT, INCLUDING THE DIMENSIONS OF SAME. ALSO, DRAW PROPOSED BUILDINGS INDICATING THE SIZE OF THE BUILDINGS, AS WELL AS THE DISTANCES FROM ALL BOUNDARY LINES.

IF APPLICATION IS APPROVED, A ZONING CERTIFICATE WILL BE ISSUED. THE CERTIFICATE WILL EXPIRE TWO (2) YEARS AFTER THE DATE OF ISSUANCE.

NORTH ↑

