Zoning Permit # _____

City of Tama Zoning Permit

PHONE: (641)654-7052 EMAIL: wcrain@tamaia.gov 305 Siegel St Tama IA 52339

APPLICATION FOR ZONING CERTIFICATE – City of Tama, Iowa

DATE: _____ 911 ADDRESS: _____

NAME: _____ PHONE #: _____ EMAIL: _____

MAILING ADDRESS: _____

Application is hereby made to the City of Tama Zoning Administrator for a Zoning Certificate in conformity with the requirements of the Zoning Ordinance of Tama, Iowa and any Amendments, for the following:

PARCEL #: _____

LEGAL DESCRIPTION:

_____

_____

OWNER OF PROPERTY & ADDRESS: _____

THE UNDERSIGNED APPLICANT HEREBY APPLIES FOR A CERTIFICATE PERMITTING HIM/HER TO: (CHECK ACTIVITY)

( ) BUILD A HOUSE
( ) ADD SOLAR PANELS
( ) CONSTRUCT GARAGE/WORKSHOP
( ) ERECT A SIGN
( ) BUILD A COMMERCIAL OR INDUSTRIAL STRUCTURE
( ) ERECT A FENCE
( ) CONSTRUCT ADDITION TO DWELLING

( ) OTHER: _____

TYPE OF STRUCTURE: _____

DESCRIPTION: _____

PROPOSED USE:

_____

ESTIMATED COST: _____ ZONING OF PROPERTY: _____

APPROVED **DENIED**

ZONING ADMINISTRATOR: _____ DATE: _____

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Attach a "top-view" drawing or sketch, including dimensions, of the proposed construction and/or changes to an existing structure. Also attach aerial view which shows the lot dimensions or area and dimensions/acres. If applicable show "footprint" for proposed construction and the distances to adjoining property, wells, septic system and buildings.

↑N

SHOW A SKETCH OF TRACT OR LOT WITH DIMENSIONS OF PROPOSED BUILDING OR IMPROVEMENTS WITH SETBACK DISTANCES.

HEIGHT OF STRUCTURE: _____ STORIES OR _____ FEET

SETBACK DISTANCES (IN FEET): FRONT YARD: _____ REAR YARD: _____ SIDE YARDS: _____ &_____

The undersigned owner agrees that the improvements and use of the property will be in accordance with the Tama County Zoning Ordinances, the laws of the State of Iowa, and any state building codes, which apply to the improvements and its use. The undersigned applicant certifies under oath and under penalties of perjury that the information provided on this form is true and correct.

OWNER SIGNATURE: _____ ____

OR APPLICANT SIGNATURE: _____

CONTRACTOR: _____ CONTRACTOR PHONE #: _____

CONTRACTOR ADDRESS: _____