

# PRINCIPAL USE/STRUCTURE BUILDING PERMIT APPLICATION



## CITY OF TEMPLETON

108 South Main, PO Box 106  
 Templeton, IA 51463  
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**\*\*THIS BOX FOR OFFICE USE ONLY\*\***

Date Received: \_\_\_\_\_  
 Permit No.: \_\_\_\_\_  
 Fee: \_\_\_\_\_

**\*\*COMPLETE ALL APPLICABLE SECTIONS\*\***

DATE: \_\_\_\_\_

### APPLICANT INFORMATION

Applicant Name:	Telephone:
Address:	City/State/ZIP

### PROJECT INFORMATION

Job Site Address:	Legal Description: <small>(Attach Additional Pages if Necessary)</small>
Project Type: <input type="checkbox"/> Addition to Existing Building	<input type="checkbox"/> New Structure
Check appropriate box or write in under "Other" if not listed:	
<input type="checkbox"/> House <input type="checkbox"/> Commercial Building (Describe: _____) <input type="checkbox"/> Other: (write in below:) <input type="checkbox"/> Duplex or Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Industrial Building (Describe: _____)	

Description of Current Structures & Use(s):  
(Attach Additional Pages if Necessary)

Description of Proposed Project and Use (s):  
(Attach Additional Pages if Necessary)

Are there any utility or other easements on the property?  No     Yes-*NOTE: No building, structure, planting, or other obstruction may be placed on a recorded easement. If any such placement occurs and it is necessary to remove or alter them, it shall be done at the expense of the property owner.*

Estimated Cost: \$	Start Date:	Completion Date:
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### CONTRACTOR INFORMATION

Self-Contracted Project     
  Contractor (Complete Section ① Below)     
  Project involves a connection to city water or sewer (Complete Section ② Below)

① Contractor Name:	Telephone:
Address:	City/State/ZIP
② Plumber Name:	Telephone:
Address:	City/State/ZIP

### ZONING DISTRICT COMPLIANCE INFORMATION

<b>Current Zoning Designation</b> (See Zoning Map for Clarification): <input type="checkbox"/> 7-RS Residential <input type="checkbox"/> 11-RS Large Lot Res. <input type="checkbox"/> AG Agricultural <input type="checkbox"/> C-1 Arterial Commercial <input type="checkbox"/> LI Light Industrial <input type="checkbox"/> C-2 Central Business Dist. Commercial <input type="checkbox"/> HI Heavy Industrial	Does the proposed construction and use comply with all requirements of the zoning ordinance? <input type="checkbox"/> Yes <input type="checkbox"/> No-Explain*:  <small>*A variance or special exception may be required.</small>
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Setback Requirements (See Instructions For Specific Requirements)		Other Requirements (See Instructions For Specific Minimum Requirements)	
Minimum Requirement	Proposed Project:	Requirement	Proposed Project:
Front Yard		Height	
Rear Yard		Lot Area	
Side Yard, Left		Off Street Parking	
Side Yard, Right		Off Street Loading	

**\*\*A SCALE DRAWING/MAP OF THE PROPOSED PROJECT IS REQUIRED WITH THIS APPLICATION. THE DRAWING MUST INCLUDE LOT LINES, SETBACKS, AND THE PROJECT IN RELATION TO EXISTING BUILDINGS. SEE THE BUILDING PERMIT INSTRUCTIONS FOR MORE INFORMATION.\*\***

### APPLICANT CERTIFICATION

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND THE INFORMATION PROVIDED IS ACCURATE AND CORRECT. I AGREE TO COMPLY WITH THE CITY OF TEMPLETON ZONING ORDINANCE AND ALL OTHER LOCAL, STATE, AND FEDERAL LAWS AND REQUIREMENTS GOVERNING THIS TYPE OF WORK, WHETHER HEREIN SPECIFIED OR NOT. I ALSO UNDERSTAND THAT **BUILDING PERMITS SHALL EXPIRE 18 MONTHS AFTER THE DATE OF ISSUANCE IF WORK IS BEGUN WITHIN 180 DAYS, OR AFTER 180 DAYS IF NO SUBSTANTIAL BEGINNING OF CONSTRUCTION HAS OCCURRED.**  
The Zoning/Building Administrator may grant extensions of time in writing if the applicant shows good cause (i.e., weather problems, material unavailability, etc.).

Signature of Owner: **X** Date: \_\_\_\_\_

### CITY REVIEW & APPROVAL

Zoning Administrator Review Applications for Projects Costing \$5,000 or less ( <b>no council approval required</b> ) <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Variance Required* <input type="checkbox"/> Special Exception Required*	Zoning Administrator Review Applications for Projects Costing more than \$5,000 ( <b>council approval required</b> ) <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Variance Required* <input type="checkbox"/> Special Exception Required*
Signature: _____	Signature: _____
Date: _____	Date: _____

<input type="checkbox"/> Council Review	Date Reviewed: _____	<input type="checkbox"/> Approved-Permit Expires: _____	<input type="checkbox"/> Denied (Complete Line Below)
If Denied, List Action Taken or Include Any Special Conditions:			