

ACCESSORY USE BUILDING PERMIT APPLICATION



CITY OF TEMPLETON

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 Templeton, IA 51463
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****THIS BOX FOR OFFICE USE ONLY****

Date Received: _____
 Permit No.: _____
 Fee: _____

DATE: _____

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

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 (check appropriate box or write in under "Other" if not listed):	
<input type="checkbox"/> Garage <input type="checkbox"/> Driveway <input type="checkbox"/> Sidewalk- NEW <input type="checkbox"/> Sidewalk- REPLACE	<input type="checkbox"/> Dog Run <input type="checkbox"/> Sign or Billboard <input type="checkbox"/> Satellite Dish <input type="checkbox"/> Fence or Wall
<input type="checkbox"/> Swimming Pool <input type="checkbox"/> LP Fuel Tank <input type="checkbox"/> Lamp post or Light Bollard	<input type="checkbox"/> Flagpole <input type="checkbox"/> Basketball Hoop Pole <input type="checkbox"/> Clothesline or Trellis <input type="checkbox"/> Playhouse
<input type="checkbox"/> Other (write in below): _____	

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: _____

CONTRACTOR INFORMATION

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

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

ZONING DISTRICT COMPLIANCE INFORMATION

Current Zoning Designation (See Zoning Map for Clarification):

7-RS Residential 11-RS Large Lot Res. AG Agricultural
 C-1 Arterial Commercial LI Light Industrial
 C-2 Central Business Dist. Commercial HI Heavy Industrial

Does the proposed construction and use comply with all requirements of the zoning ordinance? Yes No-Explain*:

*A variance or special exception may be required.

Setback Requirements <small>(See Instructions For Specific Requirements)</small>		Other Requirements <small>(See Instructions For Specific Minimum Requirements)</small>	
	Minimum Requirement	Proposed Project:	
Front Yard			Height 18' for 1-story, 24' for 2-story <small>(Also can't exceed height of main building on property)**</small>
Rear Yard			Floor area of accessory structures: No more than 30% of the required side/rear yard**
Side Yard, Left			Maximum number of accessory structures: 3**
Side Yard, Right			<small>**Listed requirements are not applicable in Light & Heavy Industrial Districts. See Permit Information Sheet or Zoning Ordinance for full requirements.</small>

****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 (Required for all permits)		<input type="checkbox"/> City Council Review (Required for all permits over \$5,000.00)	
<input type="checkbox"/> Estimated cost is \$5,000.00 or under <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Variance Required* <input type="checkbox"/> Special Exception Required*		Date Reviewed: _____	
Signature: _____	Date: _____	<input type="checkbox"/> Approved Permit Expires: _____	<input type="checkbox"/> Denied (Complete Comments Below)
Comments, Explanations, or Special Conditions: _____			