

CITY OF ASBURY, IOWA
ZONING PERMIT and CERTIFICATE OF OCCUPANCY APPLICATION

Sidwell Number _____

Permit Number
 Zoning District

All applications for zoning permits shall be accompanied by plans in duplicate, drawn to scale, showing the actual dimensions and shape of the lot; the exact sizes and locations on the lot of buildings already existing, if any; and the location and dimensions of the proposed building or alteration.

Please complete numbered spaces only and return this application **10 days prior to start of construction.**

Certificate of occupancy must be obtained **prior to occupancy.**

1. Job Address:	Lot Area:	Sq. Ft.:
2. Legal Description:		
3. Owner:	Address:	Telephone:
4. Contractor:	Address:	Telephone:
5. Use: Other		
6. Building Dimensions:	Width:	Depth:
Total Square Footage of Buildings		Stories:
	Height	Feet:
7. Excavator:	Address:	Telephone:
8. Plumber:	Address:	Telephone:
9. Description of Work:		
10. Valuation of Work:	Construction:	Total:
Special Conditions:		

NOTICE

Separate permits are required for plumbing and excavation work.

This permit becomes null and void if work or construction authorized is not commenced within 90 days. If work is not completed within two years of the date of issuance, permit shall expire and be cancelled.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. Application for certificate of occupancy is herewith made.

Signature of contractor or authorized agent: _____ Date: _____

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

APPLICATION ACCEPTED BY:

PLANS CHECKED BY:

APPROVED FOR ISSUANCE BY:

APPROVALS	REQUIRED	RECEIVED	NOT REQUIRED
City Engineer			
Planning & Zoning			
Board of Adjustment			
Other			

PERMIT FEE: \$50.00 Receipt #: _____ Date: _____
