TAMA COUNTY ZONING ADMINISTRATOR

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APPLICATION FOR ZONING CERTIFICATE – TAMA COUNTY, IOWA

DATE: N	EW 911 ADDRESS:		APPLICATION #:
NAME:		PHONE #:	EMAIL:
MAILING ADDRESS:			
			or a Zoning Certificate in conformity and any Amendments, for the following:
PARCEL #:		_ LEGAL DESCRIPTION:_	
LOCATION BY GPS – LATITUDE:		LONGITUDE:	ELEVATION:
PROPERTY SIZE (DIMEN	NSIONS OR ACRES):	
OWNER OF PROPERTY	& ADDRESS:		
THE UNDERSIGNED APPLICA	ANT HEREBY APPLIES	FOR A CERTIFICATE PERMITTING	G HIM/HER TO: (CHECK ACTIVITY)
() BUILD A HOUSE		() CONVERT STRUCTUR	RE TO RESIDENTIAL FROM
() CONSTRUCT GARA	GE/WORKSHOP	() CONVERT STRUCTUR	E TO COMMERCIAL OR INDUSTRIAL
() ERECT A SIGN		() BUILD A COMMERCI	AL OR INDUSTRIAL STRUCTURE
() LOCATED IN FLOC	D PLAIN	() CONSTRUCT ADDITI	ON TO DWELLING
() CONSTRUCT FARM	M BUILDING	() CONSTRUCT GRAIN	BIN/LEG/CONVEYOR
() ERECT WIND GEN	ERATOR	() REMODEL A STRUCT	URE/CHANGE ITS USE OR DEMOLISH
		() OTHER:	
TYPE OF STRUCTURE:_			
DESCRIPTION:			
ESTIMATED COST:			
PRESENT USE OF ADJA	CENT OR ADJOINI	NG PROPERTY*:	

*(EXAMPLES: CROPLAND, WOODLAND, PASTURE, RESIDENTIAL DWELLING, STORAGE, COMMERCIAL, ETC.)

existing structure. Also attach aerial view w	uding dimensions, of the proposed construction and/or changes to an hich shows the lot dimensions or area and dimensions/acres. If construction and the distances to adjoining property, wells, septic
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SHOW A SKETCH OF TRACT OR LOT WITH DIME	NSIONS OF PROPOSED BUILDING OR IMPROVEMENTS WITH SETBACK DISTANCES.
HEIGHT OF STRUCTURE: ST	ORIES OR FEET
SETBACK DISTANCES (IN FEET): FRONT	YARD: REAR YARD: SIDE YARDS: &
County Zoning Ordinances, the laws of the St	ovements and use of the property will be in accordance with the Tama ate of Iowa, and any local building codes, which apply to the applicant certifies under oath and under penalties of perjury that the correct.
OWNER SIGNATURE:	
OR APPLICANT SIGNATURE:	
CONTRACTOR:	CONTRACTOR PHONE #:
CONTRACTOR ADDRESS:	
APPROVED	DENIED
ZONING ADMINISTRATOR:	DATE: