

# BUILDING PERMIT APPLICATION

## CITY OF PANORA, IOWA

501 East Market Street, PO Box 98  
Panora, IA 50216  
Phone (641) 755-2164  
Fax (641) 755-3846

**\*\*THIS BOX FOR OFFICE USE ONLY\*\***

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

**YOU MUST HAVE INLET PROTECTION IN  
DOWNSTREAM BEFORE POURING CONCRETE!!! SEE  
PERMIT INFO SHEET FOR OTHER REGULATIONS YOU  
MUST KEEP DURING CONSTRUCTION.**

**YOU MUST HAVE AN INSPECTION  
BEFORE POURING CONCRETE  
FOOTINGS/ FOUNDATION! CALL FIRST!**

### APPLICANT INFORMATION

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

### PROJECT TYPE

Project Type (Mark One):	<input type="checkbox"/> Addition to Existing Building	<input type="checkbox"/> New Structure
<b>A. PRINCIPAL USES &amp; STRUCTURES (THIS COLUMN)</b>	<b>B. ACCESSORY USES AND STRUCTURES (THIS COLUMN)</b>	
<input type="checkbox"/> House <input type="checkbox"/> Duplex or Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Deck or Patio on Existing Home <input type="checkbox"/> Commercial Building (Describe below) <input type="checkbox"/> Industrial Building (Describe below) <input type="checkbox"/> Other (Describe below)	<input type="checkbox"/> Garage or Shed <input type="checkbox"/> Paved Driveway <input type="checkbox"/> Sidewalk ( <b>NEW</b> ) <input type="checkbox"/> Sidewalk ( <b>REPLACEMENT</b> ) <input type="checkbox"/> Sign or Billboard <input type="checkbox"/> Fence or Wall <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Lamp post, flagpole, or similar yard fixture <input type="checkbox"/> Other (Describe Below)	
Description:	Description:	

### PROJECT INFORMATION

**\*\*A SCALE DRAWING & MAP OF THE PROPOSED PROJECT IS REQUIRED WITH THIS APPLICATION. DRAWING MUST INCLUDE LOT LINES & PINS AS SHOWN ON REQUIRED SURVEY, SETBACKS (REQUIRED AND PROPOSED), UTILITIES, AND THE LOCATION OF THE PROJECT OR STRUCTURE IN RELATION TO EXISTING BUILDINGS. SEE THE BUILDING PERMIT INFORMATION SHEET FOR MORE INFORMATION.\*\***

Job Site Address:	Legal Description: <small>(Attach Additional Pages if Necessary)</small>																		
Description of Current Use:																			
Description of Proposed <b>Project and Use (s)</b> : <small>(Attach Additional Pages if Necessary)</small>																			
Based on the legal survey for your property (which is required for this application), are there currently improvements located entirely or partially on neighboring property? (i.e., a garage that is partially located on neighboring lot)    No    Yes (Explain):																			
<table border="1"> <thead> <tr> <th colspan="3">Dimensions of Proposed Structure:</th> <th colspan="3">Lot Dimensions</th> </tr> <tr> <th>Length</th> <th>Width</th> <th>Height</th> <th>Length</th> <th>Width</th> <th>Area (Square Feet)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Dimensions of Proposed Structure:			Lot Dimensions			Length	Width	Height	Length	Width	Area (Square Feet)						
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Length	Width	Height	Length	Width	Area (Square Feet)														
Estimated Cost of Improvement: \$																			
Start Date:	Completion Date:																		

### CONTRACTOR INFORMATION

Self-Contracted Project	Contractor (Complete Section Below)
Contractor Name:	Telephone:
Address:	City/State/ZIP

### UTILITY SERVICES & CAPACITY INFORMATION

**(Complete only if applicable-NOTE: If connection fees are required, they must be paid before the permit will be issued.)**

Project involves a new connection to city electric, water or sewer (Complete Sections at right and below)	Water Line Needed: 3/4" 1" Sewer Line: 4" (required) Electric Amp: 3-Phase
Plumber Name:	Telephone:
Address:	City/State/ZIP
Electrician Name:	Telephone:
Address:	City/State/ZIP

## ZONING DISTRICT COMPLIANCE INFORMATION

**Current Zoning Designation** (See Zoning Map for Clarification):

RS Residential	MH Manufactured Home	AG Agricultural
AC Arterial Commercial	BC Central Business Dist. Commercial	
LI Light Industrial	HI Heavy Industrial	Planned Development

Yard (Setback from property line) Requirements <small>(See Building Permit Information Sheet For Minimum Requirements in the appropriate zoning district)</small>		Height/Area/Parking Requirements <small>(See Building Permit Information Sheet For Minimum Requirements in the appropriate zoning district, leave blank if not applicable)</small>	
	Minimum	Proposed or Actual	
Front Yard			Height
Rear Yard			Lot Area
Side Yard, Left			Off Street Parking
Side Yard, Right			Off Street Loading

## APPLICANT CERTIFICATION

**IT IS THE RESPONSIBILITY OF THE PROPERTY OWNER TO PROVIDE WRITTEN EVIDENCE OF A CERTIFICATE OF SURVEY IN ORDER TO IDENTIFY THE BOUNDARIES OF THE REAL PROPERTY IDENTIFIED IN THIS APPLICATION AND PERMIT, AND ASSURE THAT THE STRUCTURE FOR WHICH THIS PERMIT IS ISSUED IS LOCATED ENTIRELY ON THE IDENTIFIED PROPERTY AND AT THE LOCATION IDENTIFIED ON THE APPLICATION. IF WRITTEN PROOF OF A SURVEY CANNOT BE PROVIDED WITH THE APPLICATION, IT IS THE RESPONSIBILITY OF THE PROPERTY OWNER (AT THEIR COST) TO OBTAIN A LEGAL SURVEY OF THE PROPERTY BEFORE THIS PERMIT CAN BE ISSUED.**

THE CITY OF PANORA RELIES UPON THE INFORMATION PROVIDED BY THE PROPERTY OWNER/APPLICANT REGARDING THE LOCATION OF PROPERTY BOUNDARIES. THE CITY OF PANORA DOES NOT WARRANT ANY PROPERTY LINE OR BOUNDARY ASSOCIATED WITH THIS PERMIT, NOR DOES THE CITY OF PANORA WARRANT THAT ANY STRUCTURE ERECTED AS A PART OF THIS BUILDING PERMIT IS LOCATED ENTIRELY ON THE APPLICANTS PROPERTY.

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 PANORA ZONING ORDINANCE AND ALL OTHER LOCAL, STATE, AND FEDERAL LAWS AND REQUIREMENTS GOVERNING THIS TYPE OF WORK, WHETHER HEREIN SPECIFIED OR NOT.

Signature of Owner: **X**

Date:

**\*\*Applicants must indicate property location on the attached map of the City of Panora.**

## CITY REVIEW & APPROVAL - THIS SECTION FOR CITY USE ONLY

1. BUILDING PERMIT FEE	FEE: \$	Received by:	Date:
2. WATER METER	SIZE: ¾" 1"	Received by:	Date
3. METER PIT	FEE: \$	Received by:	Date:
4. WATER CONNECTION/ TAPPING FEE PD.	FEE: \$	Received by:	Date:
5. SANITARY SEWER CONNECTION FEE PD.	FEE: \$	Received by:	Date

ELECTRIC SUPERINTENDENT REVIEW	PUBLIC WORKS DIRECTOR REVIEW	ZONING ADMINISTRATOR
Date Reviewed:	Date Reviewed:	Date Reviewed:
Recommended to Deny-See Comment Below  Recommend to Approve-Forward to Zoning Administrator	Recommended to Deny-See Comment Below  Recommend to Approve-Forward to Zoning Administrator	Denied (complete section below) <i>Eligible for Variance</i> <i>Eligible for Special Exception</i> <i>Appealed to Board of Adjustment</i> Date: _____  <b>Approved-Permit Expires</b> Date: _____
Signature:	Signature:	Signature:
Comments:	Comments:	Comments or Follow up action: