

SAC COUNTY PLANNING AND ZONING BUILDING PERMIT

Sac County Courthouse Annex, 116 S. State Street, Sac City, IA 50583
(712) 662-7929 tegesdal@sacountyiowa.gov

Date: _____ Applicant Name: _____ Permit # 81- _____

Site Address: _____ City Associated with Address _____

Home Address: _____ City: _____ State: ___ Zip: _____

Day Time Phone: _____ Cell Phone: _____

What quarter? - NE, NW, SE, SW _____ Township _____ Section _____

Is the Proposed Building/Structure to be used PRIMARILY for Agricultural purposes? Yes No Don't Know – If yes, application is not needed.

Type of Work Proposed: Construction Addition Alteration Moving Building

Size of Acreage: _____ Estimated Cost of Construction or Project: \$ _____

Dimensions of Proposed Building or Structure: L _____ W _____ H _____

Please list what you are building _____

Have you checked the drainage districts? Yes _____ No _____ NA _____

Building Setback from Property Lines: If greater than 60 use > 60 ft.

Front Yard Setback: _____ Rear Yard Setback: _____

Side Yard Setback: _____ Side Yard Setback: _____

Permit Fees are based on estimated construction.

<u>Value of Construction</u>	<u>Fee</u>
Under \$2,500	Exempt
Under \$50,000	\$25
\$50,000 - \$149,999	\$50
150,000 - \$249,999	\$150
\$250,000 - \$499,999	\$250
\$500,000 and above	\$500
Antennas & Towers	\$200
Late Fee-after start of construction	\$100

Do you need:

A septic permit? Yes _____ No _____ NA _____
A well permit? Yes _____ No _____ NA _____
A new driveway? Yes _____ No _____
A new 911 address? Yes _____ No _____

Draw or attach map and sign on the other side.

Draw map or attach a diagram of proposed structure with existing buildings and setback distances. Please include main road(s)

Liability for Damages

This Code is enacted only for the purpose of securing to individuals the enjoyment of rights and privileges to which they are entitled as members of the public, rather than for the purpose of protecting any individuals from harm. The County, its officers, employees or agents make no representations or warranties of any kind whatsoever, express or implied, with respect to the completeness or thoroughness of the inspections and examinations performed under this Code, but said inspections are made solely to assist the owner of any building, structure, equipment and premises to meet certain minimum requirements of this Code and to compel, if necessary, the owner to meet the minimum requirements for the protection of the health, welfare and safety of persons and property. Nothing herein contained in this Code shall alleviate the owner of any building, structure, equipment, or premises to make an independent inspection to fulfill the requirements of this Code nor shall this Code be construed to relieve or lessen the responsibility of any person owning, operating or controlling any building, structure, equipment or premises regulated herein from any damages to any person or property caused by defects or code violation. The County, its officers, employees, or agents shall not be held as assuming any liability for damages to any person or property by reason of any inspections authorized by this Code or investigations, or any approvals issued herein, or for any act or failure to act in the enforcement of this Code.

I/We understand that this application, with required attachments, constitutes our entire request and that a decision shall be made based on the Comprehensive Plan, County Ordinances, and the information on this application. I/We certify that the information we have provided to the Zoning Administrator is complete, true, and accurate to the best of our knowledge. Any intentional falsification or change in the information contained in this application, or to the attached information, shall cause; this application to become null and void; the nonrefundable fee to be forfeited; and any approved building permit to be revoked. I hereby permit County officials to enter upon the property if necessary.

Signature of Applicant: _____

I will send copy back after it is signed with approval or denial and permit #.

FOR USE BY COUNTY OFFICIALS

Fee Paid by: Cash _____ Check _____ Check # _____

PLANNING AND ZONING:

Approved _____ Disapproved _____ Complies with Zoning Ordinance: No Yes- Article No. _____

If NO, reasons for non-compliance: _____

Zoning Administrator: _____ Date _____