## **BUILDING PERMIT APPLICATION**

## City of Auburn, Iowa

209 Pine Street Auburn, IA 51449

**THISBOXFOROFFICEUSEONLY**	
THIS BOXT OR OT THE EUGLONET	
Date	
Received:	
Permit No.:	
Fee:	_
DATE:	_

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

	COMI ELTE ALE ALT	AP PLICANTII	NEODM ATION	271121			
Applicant Name:			Telephone:				
Address:			City/State/ZIP				
PRO JECT TYPE							
o Residential-New Hor o Residential-Accesso (Garage, Deck, Patio, Driv	ry Use o l	o Residential-Additior Multi-Family or Rental	o Comme	o Demolition ercial/Industrial	o Sidewalk o Other		
Job Site Address:			Legal Description: (Attach Additional Pages if Necessary)				
Description of Current	Use:		l				
Description of Propose (Attach Additional Pages if Necessary)	ed Project & Use:						
Estimated Cost: \$		Start Date:		Completion Date:			
o Self-Contracted Proje		ractor nplete Section A Below)	o Project involv	res a connection to city vection B Below)	vater or sewer		
A Contractor Name:			Telephone:				
Address:			City/State/ZIP				
B Plumber Name:			Telephone:				
Address:			City/State/ZIP				
Owner t Zamina Daniana		G DISTRICT COMP			the all an arrive and a state of the		
Ourrent Zoning Designation (See Zoning Map for Clarification):  o R-2 Residential o R-4 Residential			Does the proposed construction and use comply with all requirements of the zoning ordinance? o Yes o No-Explain*:				
o B-1 Business/Commercial o B-2 Business/Commercial o I-1 Light Industrial			*A variance or special exception may be required.				
	d (Setback) Requireme formation Sheet For Specific N	Minimum Requirements)	Height/Area/Parking Requirements  (*See Building Permit Information Sheet and/or Zoning Ordinance For Specific Minimum Requirements)		Zoning Ordinance nts)		
<b>-</b> ()/	*Minimum	Actual		*Requirement	Actual		
Front Yard			Height				
Rear Yard			Lot Area				
Side Yard, Left			Off Street Landing				
Side Yard, Right  **A SCALE DRAWING/MAP	OF THE PROPOSED PROJE	CT IS REQUIRED WITH THIS	Off Street Loading SAPPLICATION, THE DRAW	ING MUST INCLUDE LOT LIN	ES. SETBACKS. AND THE		
**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. **  A P P L I C A N T C E R T I F I C A T I O N							
	ND ALL OTHER LOCAL, STATE, A	S APPLICATION AND THE INFORM AND FEDERAL LAWS AND REQUI	MATION PROVIDED IS ACCURA' REMENTS GOVERNING THIS TY	TE AND CORRECT. I AGREE TO PE OF WORK, WHETHER HEREIN Date:			
CITY CLERK		CITY REVIEW & APPROVAL P&Z		CITY COUNCIL			
Date Reviewed:		Date Reviewed:		Date Reviewed:			
o Incomplete-Return to Owner (complete section		o Application meets requirements-forward to		o Denied (complete section below)			
below) o Forward to Planning and Zoning Commission for review		Council for final review o Application does not meet requirements- returned to owner (complete section below)		o Approved-Permit Expir	es (date):		
Signature:		Signature:		Mayor's Signature:			
Follow-up action:		Follow-up action:		Follow up action:			
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