

# CRAWFORD COUNTY ZONING

TIM BEERY, ZONING ADMINISTRATOR

tbeery@crawfordcounty.iowa.gov 1202 Broadway Suite 1~ Denison, IA 51442 Phone: (712) 269-7418

## APPLICATION FOR CONSTRUCTION AND/OR OCCUPANCY COMPLIANCE CERTIFICATE

PLEASE RETURN APPLICATION WITH YOUR CHECK, FOR THE REQUIRED AMOUNT (SEE BACK) →

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address of new construction site if applicable: \_\_\_\_\_ Phone: \_\_\_\_\_

Parcel # \_\_\_\_\_

I hereby request:

- a Construction Compliance Certificate  
 an Occupancy Compliance Certificate

To  build,  alter buildings or structures on the following described premises:

Location of new construction (Township/Section/Quarter): \_\_\_\_\_

Lot of Tract Area: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_

AG BUILDINGS must be setback 40' from the right of way/fenceline.

*Construction within 200' of an intersection must be setback 100' from the center of the road.*

\*Front Yard: 40 feet minimum required Zoning District: \_\_\_\_\_

\*Side Yard: 15 feet minimum required \*Height Limitations: \_\_\_\_\_

\*Rear Yard: 30 feet minimum required Signs: \_\_\_\_\_

**Briefly describe addition construction:** \_\_\_\_\_

Addition is: Size: \_\_\_ X \_\_\_ 1 or 2 Story ~ Number of rooms: \_\_\_

Basement: Yes or No If yes Size: \_\_\_ X \_\_\_ Number of rooms in basement: \_\_\_ Do you have any basement area

finished: None: \_\_\_ or : amount of finished area in basement: \_\_\_ X \_\_\_

Heat: \_\_\_ Central Air: \_\_\_ Plumbing in addition: None: \_\_\_ Full Bathroom: \_\_\_ Shower Stall Bathroom: \_\_\_

Toilet Room: \_\_\_ Whirlpool Bathroom: \_\_\_ Other: \_\_\_\_\_

Kitchen area: None: \_\_\_ Dishwasher: \_\_\_ Blt-in Oven: \_\_\_ Range: \_\_\_ ~ Fireplace added: None: \_\_\_ Type \_\_\_\_\_

Bedrooms: None: \_\_\_ 1<sup>st</sup> Floor \_\_\_ 2<sup>nd</sup> Floor \_\_\_ Basement: \_\_\_\_\_

Other Information: \_\_\_\_\_

*\* See information on back for zoning districts other than A-1 Agricultural*

**I certify that the above information is true and accurate and that the above construction and use will comply with the Crawford County Zoning Ordinance in all respects.**

Signed \_\_\_\_\_  
(applicant)

# CRAWFORD COUNTY ZONING FEES

*EFFECTIVE OCTOBER 1, 2003*

## PERTAINING TO ALL RURAL PROPERTY OWNERS ONLY

(Rural Residential, Agricultural, Commercial and Industrial Properties **Outside** Corporate City Limits)

<b>PERMIT TO BUILD:</b>  Including: PERSONAL COMM. TOWER and PERSONAL SOLAR PANELS:	<u>Estimated Cost of Construction:</u> <b>Up to \$ 25,000</b>	<b>\$ 10.00</b>	<b>NO PERMIT REQUIRED FOR PATIOS AND DECKS.</b>
	<b>\$ 25,000 - \$100,000</b>	<b>\$ 25.00</b>	
	<b>Over \$100,000</b>	<b>\$ 50.00</b>	
WIND TOWER PERMIT (commercial or personal):  COMMUNICATIONS TOWER PERMIT:	<b>\$ 200.00</b>		
VARIANCE OR SPECIAL USE	<b>\$ 50.00</b>		
REZONING	<b>\$ 50.00</b>		
PRELIMINARY PLAT	<b>\$50.00</b>		
COMMERCIAL/INDUSTRIAL BUILDING PERMIT	<b>0-10,000 Sq Ft</b>	<b>\$ 50.00</b>	
	<b>Each additional 1,000 Sq Ft</b>	<b>\$ 5.00</b>	

### ZONING DISTRICT ALLOWANCES

	A-1 Agricultural	R-1 Residential	C-1 Highway Commercial	M-1 Limited Industrial	M-2 General Industrial
Lot Area	5 Acres	20,000 SF	None	None	None
Ag Construction Setbacks	75' – Center of road				
	Near Intersection: 100' – Center of road				
Front Yardage	40'	30'	30'	30'	30'
Side Yardage	15'	10'	20'	20'	20'
Rear Yardage	30'	35'	25'	25'	25'
Height Limitations	-	35'	35'	50'	50'

**CRAWFORD COUNTY ZONING OFFICE**  
HOME CONSTRUCTION QUESTIONNAIRE FOR HOME BELONGING TO:

**Owner:** \_\_\_\_\_ **Parcel No.** \_\_\_\_\_

**Address of Property:** \_\_\_\_\_

We are finding so many of our homeowners unavailable when we are doing our field inspections. In order for us to have accurate data input on your home, we would appreciate your assistance. Please fill out this questionnaire and return it in the enclosed envelope. *Thank you for your cooperation.* Be sure and apply for a *Homestead and/or Military Exemption Credit* on your new home...if you have not already done so.

**Please check or number accordingly:**

**When did / or when are you... planning to move into your home? Month/Year** \_\_\_\_\_

**Estimated cost of your home when construction is completed?** \_\_\_\_\_

**Approximate square feet of living area on the main floor.** \_\_\_\_\_ **or Size:** \_\_\_\_\_ **X** \_\_\_\_\_

**Type of heat:** Gas \_\_\_\_\_ Electric \_\_\_\_\_ Heat Pump \_\_\_\_\_ Geo Thermal \_\_\_\_\_ Other \_\_\_\_\_

**Central Air:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Fireplace/s (number)** None \_\_\_\_\_ Prefab \_\_\_\_\_ Masonry \_\_\_\_\_ / Gas \_\_\_\_\_ Electric \_\_\_\_\_

**My home has:** \_\_\_\_\_ no basement.  
 \_\_\_\_\_ a full basement but **no** basement finish. I will notify you if I add finish.  
 \_\_\_\_\_ a full basement **with some** finish. Square feet of basement to be finished \_\_\_\_\_

*If you have no basement finish you may skip to Attached/Detached Garage.*

**Rooms in basement:** Family room \_\_\_\_\_ Bedrooms \_\_\_\_\_ Kitchen \_\_\_\_\_ Utility \_\_\_\_\_ Bathroom \_\_\_\_\_

**Basement finish:** Drywall \_\_\_\_\_ Paneling \_\_\_\_\_ Paint on concrete only \_\_\_\_\_ Other \_\_\_\_\_

**Basement floor:** No covering \_\_\_\_\_ Carpet \_\_\_\_\_ Tile \_\_\_\_\_ Vinyl \_\_\_\_\_ Other \_\_\_\_\_

**Attached Garage? (Yes) or (No) If you have an attached garage** Size: \_\_\_\_\_ X \_\_\_\_\_

Do you have basement area under the garage? (Y) (N) Do you have living area above garage? (Y) (N)

**Detached Garage? (Yes) or (No) If you have a detached garage** Size: \_\_\_\_\_ X \_\_\_\_\_

Concrete? (Y) (N); Electricity? (Y) (N); Heat? (Y) (N) Shop area? \_\_\_\_\_ X \_\_\_\_\_

**MAIN FLOOR : Room count (Check or number those rooms that pertain to your home)**

Kitchen \_\_\_\_\_ Dishwasher \_\_\_\_\_ Disposal \_\_\_\_\_ Built-in Oven \_\_\_\_\_ Built-in Range \_\_\_\_\_

Dining room \_\_\_\_\_

Living room \_\_\_\_\_

Family room \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_

3 Seasons/Sunroom heated \_\_\_\_\_ not heated \_\_\_\_\_

Enclosed porch/es \_\_\_\_\_

Open porch/es \_\_\_\_\_

Deck/s (approximate sizes) \_\_\_\_\_

Other: (explain) \_\_\_\_\_

**NUMBER OF BATH ROOMS/PLUMBING IN THE HOME (include all levels) \_\_\_\_\_ and then specify type.**

Tub/ Sink / Stool \_\_\_\_\_ Toilet room - Sink / Stool only: \_\_\_\_\_

Tub/Separate shower stall / Sink / Stool \_\_\_\_\_ Extra shower only \_\_\_\_\_

Whirlpool tub / Sink / Stool \_\_\_\_\_ Extra stool only \_\_\_\_\_

Whirlpool tub / Separate shower stall / Sink / Stool \_\_\_\_\_ Extra sink only \_\_\_\_\_

Other: (Explain) \_\_\_\_\_