

OSCEOLA COUNTY IOWA
APPLICATION FOR
ZONING COMPLIANCE CERTIFICATE

Project Address: _____

Applicant: _____ Date: _____

Address: _____ Cell Ph No: _____

_____ Email: _____

Property/Building Owner:

Address: _____ Phone No: _____

_____ Email: _____

I hereby request a Zoning Compliance Certificate to:

Build Alter existing Building or Structures

Residential Commercial Other Type of Project

Project Description/Principal Use _____

Parcel Area _____ Estimated Cost _____

Building Size (sf) _____ Est. Completion Date _____

Zoning District _____ Proposed Signage _____

Front Yard Setback _____ Rear Yard Setback _____

Side Yard Setback _____ Building Height _____

Other Information Provided: (check if applicable or indicate N/A)

Site / Utility Plan (s) Building Plan(s)

Water Supply Wastewater Collection

Grading Plan NPDES Permit

Stormwater Management Plan Demolition Plan

I hereby certify that the above information is accurate and the use will comply with the Zoning Ordinance in all respects.

Signed: _____ (Applicant)

Name: _____

Note: The Zoning Compliance Certificate does not relieve the responsible party/landowner/contractor to verify and conform to the State and Federal Regulations, Laws, and Codes. It is sole responsibility of applicant to ensure that the design and construction is accurate and complete.