

FENCE

No fence, wall, retaining wall, or unenclosed deck shall be erected closer than one (1) foot from the lot line.

There shall be a \$25.00 fee for a fence permit.

Permit #: _____
 Date Received by City: _____
 Fee: \$ _____

**CITY OF WINTHROP, IOWA
 RESTRICTED RESIDENCE ORDINANCE
 PERMIT APPLICATION**

FENCE

Applicant Information:

Name of Applicant:
Applicant's Address:
Applicant's Telephone Number:
Applicant's Alternate Telephone Number (Optional):
Applicant's Fax Number (Optional):
Applicant's Email Address (Optional):

Property Information:

General Address of Property in Question (parcel number, street address or road address):
Legal Description of Property in Question (Attach, if necessary):
<i>Attach a site plan or plot plan that contains lot dimensions, and size, shape and location of buildings or structures to be erected or affected.</i>

Request Information:

Existing Use of Property:	
Restricted Residence Ordinance Classification or District (Principal Permitted Uses Only):	
Proposed Use of Property or Improvement:	
Actual (Site Specific) Dimensional Information:	Ordinance Dimensional Requirements:
Building Height: _____	Maximum Building Height: _____
Lot Area: _____	Minimum Lot Area: _____
Lot Width: _____	Minimum Lot Width: _____
Front Yard Setback: _____	Minimum Front Yard Setback: _____
Side Yard Setback: _____	Minimum Side Yard Setback: _____
Rear Yard Setback: _____	Minimum Rear Yard Setback: _____
Rear Yard Coverage (%): _____	Rear Yard Coverage (%): _____
Building Separation: _____	Minimum Distance Between Buildings: _____

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Acknowledgement and Certification of the Applicant and/or Owner:

I/We understand this application, and that it with required attachments, constitutes our complete Restricted Residence Ordinance permit application for the proposed use or improvement stipulated above. I/We certify that the information we have provided to the Building Official is complete, accurate, and true 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 and any approval granted herein to be revoked.

I/We understand the nonrefundable fee for a Restricted Residence Ordinance permit is \$25.00. Under no circumstances shall all, or part, of this fee be refunded to applicant.

An applicant who is issued a Restricted Residence Ordinance permit is bound, by acceptance of the permit, to commence the construction for which the permit is issued within ninety (90) days from and after the date of issue of said permit, and is bound to finish said construction within twelve (12) months from and after said date of issue. Failure to commence construction within ninety (90) days shall cause the permit to expire. A permit issued under the provisions of this chapter shall be valid for a period of twelve (12) months from and after the date of issue of said permit. Upon expiration of a permit, the holder shall make a new application for a new permit under the provisions of this chapter and shall otherwise go through the same procedure as required for issuance of the original permit. The fee for the second permit, as in the case of the original permit fee, shall be set by the City Council.

Applicant Signature

Owner Signature, if not the applicant

Date: _____

Date: _____

Approval of the City:

Based on the information provided in this application, and attested to, by the applicant, I have reviewed the request and hereby approve of this application and permit for Restricted Residence Ordinance compliance on behalf of the City of Winthrop, Iowa.

Signature of Building Official

Date: _____