

KOSSUTH COUNTY PLANNING AND ZONING

Kossuth County Zoning
Courthouse Annex
109 W. State St.
Algona, IA 50511
515-295-3813
515-295-3464 (fax)
zoning@kossuthcounty.iowa.gov

Corey Petersen, Administrator

www.kossuthcounty.iowa.gov

Instructions for Kossuth County Zoning Compliance Permit

- 1.) Print document (file, print)
- 2.) Complete the Zoning Compliance Permit. Make sure you fill the top portion of the page completely. Please complete the sketch portion as accurately as possible or attach an accurate sketch to the permit. Sign permit on Owner or Authorized Agent line near the bottom of the form.
- 3.) Make payment payable to Kossuth County Treasurer
- 4.) Return application and payment to:

Kossuth County Zoning Administrator
Courthouse Annex
109 W. State Street
Algona IA, 50511

Questions can be emailed to zoning@kossuthcounty.iowa.gov or phoned to 515-295-3813

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KOSSUTH COUNTY
ZONING COMPLIANCE PERMIT
Courthouse Annex
109 West State Street
Algona, Iowa 50511

Permit No. _____

Phone: (515) 295-3813 Fax: (515)295-3464 e-mail: zoning@kossuthcounty.iowa.gov

APPLICATION FOR ZONING COMPLIANCE PERMIT

Application is hereby made by; _____

(Address)

(Phone Number)

(Email Address)

Owner _____ Contractor _____
(if different than applicant)

To _____ A _____
(construct, remodel) (type of construction or improvement)

_____ Qtr Sec _____ Township _____ Range _____ Civil Township _____

Subdivision _____ Block _____ Lot _____

Legal Description _____

Parcel Number _____

Estimated cost of construction \$ _____ Permit Fee\$ 35.00
(payable to the Kossuth County Treasurer)

LOT INFORMATION

Size of Lot _____ X _____ Front Width _____ Rear Width _____
Structure will set back _____ feet from right of way _____ feet from rear lot line
Structure will set back _____ feet from the _____ side lot line
Structure will set back _____ feet from the _____ side lot line
Present Land Use _____ Zoned _____

BUILDING INFORMATION

Number of Rooms _____ Stories _____ Height _____

Size _____ X _____ Sq. Ft. _____

Show a site layout on reverse side or attach copy

The undersigned applicant certifies under oath and under the penalties of perjury that the foregoing information is true and correct.

Date: _____ Owner: _____

By Agent: _____

ACTION ON APPLICATION

Issued _____
This permit expires one (1) year from the date of issue

Fee Paid/ Receipt Number _____

Zoning Administrative Officer

Copy to Assessor _____