



1906 Main St PO Box 333 Granger, IA 50109 | Ph: 515 999-2210 | Grangercityhall@mchsi.com

TYPE OF PERMIT: [ ] Building [ ] Deck [ ] Pool [ ] Other

ATTACH SITE PLAN, DRAWINGS, AND/OR BUILDING PLANS, (PDF version is preferred)

JOB SITE
ADDRESS:
NAME:
DATE:
[ ] Commercial [ ] Industrial [ ] Public
[ ] One-Family [ ] Two-Family [ ] Multi (No. )
ZONING DISTRICT VARIANCE NO. or CONDITIONAL USE NO.

BUILDING SQUARE FOOTAGE
Level 1 Pool Size
Level 2 Deck sqf
Finished Garage/Shed
Unfin. Base

DESCRIPTION OF PROJECT:

Owner
Name Email
Address Fax No.
City Telephone No.
State/Zip Cell No.

PERMIT FEES
BUILDING \$
GARAGE \$
DECK \$
POOL \$
OTHER \$
TOTAL PERMIT FEE \$

Contractor
Name Email
Address Fax No.
City Telephone No.
State/Zip Cell No.

ADDITIONAL ACKNOWLEDGEMENTS
This permit authorizes performance of the work described above, plans and specifications which are hereby made an integral part of this document.
All such work shall be in accordance with applicable laws and ordinances of the City of Granger and the State of Iowa.
NOTICE - This permit does not authorize the use of any public property, including streets, alleys, parks, bike trail system, and sidewalks, nor does it authorize the placing of any obstruction thereon. If such use of public property is necessary, an OBSTRUCTION PERMIT must be obtained. This does not include obstruction and/or use of the bike trail system and/or parks.
This Permit will expire if work has not been commenced within 180 days of issuance date, is abandoned for more than 120 days, or is not completed within one year for residential-two years for commercial-three years if valuation exceeds \$10 million.
Trade fee's will be figured into building fee for residential new construction. No separate trade permit is needed.

Architect-Engineer
Name Email
Address Fax No.
City Telephone No.
State/Zip Cell No.

SIGNATURE OF OWNER OR AGENT
X DATE:

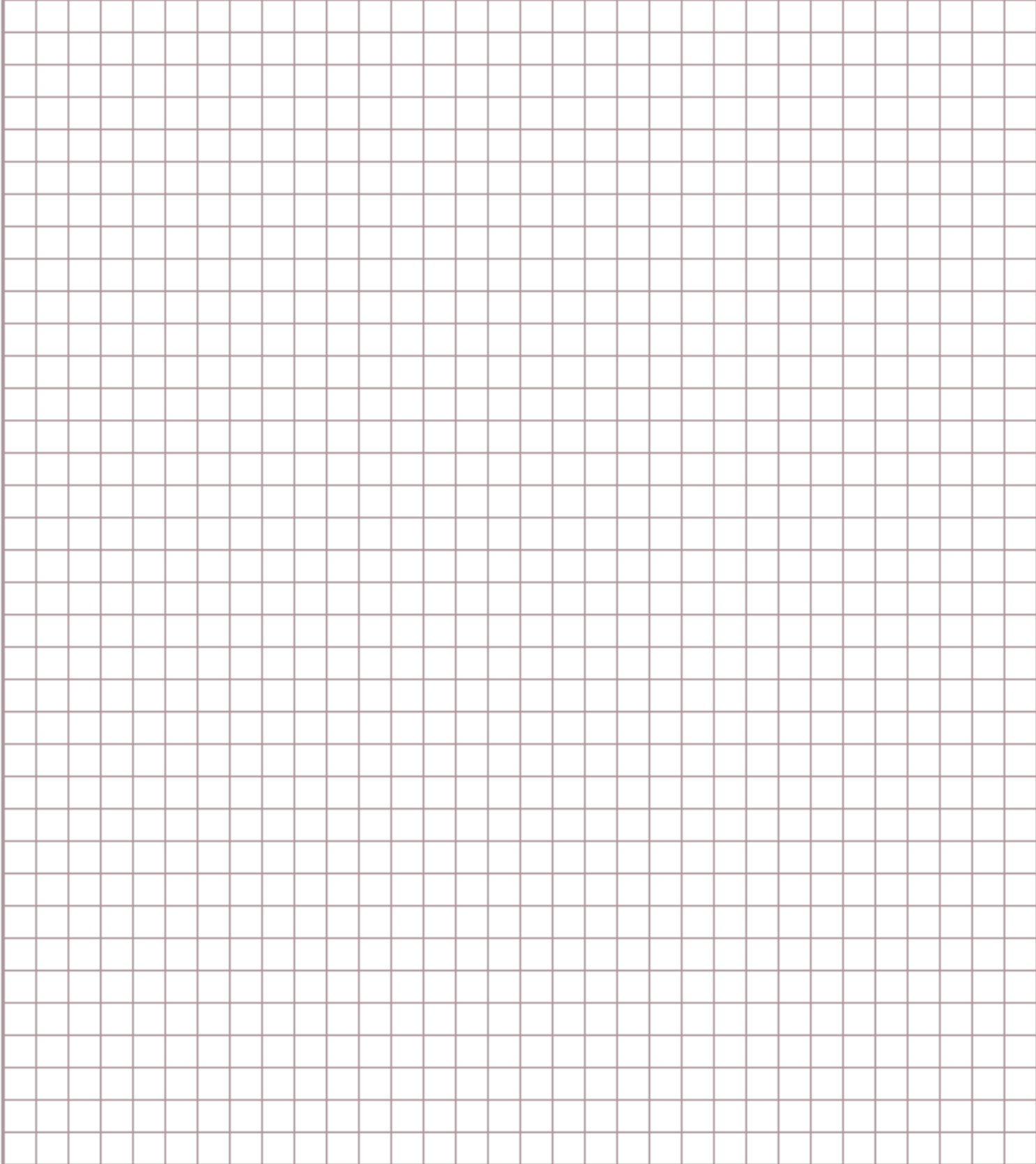
Sub-Contractors
Company Name: Phone: State Lic. #
Company Name: Phone: State Lic. #
Company Name: Phone: State Lic. #

To schedule an inspection, or have any questions please call Veenstra & Kimm at 515-850-2980. Email: BuildingInspection@v-k.net A 24 hour inspection notice is needed.
[ ] Payment Received Date: Amount: \$
WHEN APPROVED BELOW, THIS BECOMES YOUR PERMIT
ISSUED BY: DATE:

# SITE PLAN

STREET ADDRESS: \_\_\_\_\_ USE OF BUILDINGS ON LOT \_\_\_\_\_

PROPOSED USE OF NEW IMPROVEMENT \_\_\_\_\_



**CITY OF GRANGER**  
**Application for Certificate of Zoning Compliance**

No building or other structures shall be erected, moved, added to, or structurally altered without a Certificate of Zoning Compliance issued by the Zoning Administrator.

Owner Name _____	Agent Name _____
Address _____	Address _____
City, State _____	City, State _____
Telephone _____	Telephone _____
Legal Description or Address of Property _____	
Proposed Use of Improvements _____	
Zoning District _____	
Attach a building plan with the following information:	

1. Property boundary line, dimension and area.
2. Location, size, shape of proposed new or altered building.
3. Location, size, shape of existing building structure.
4. Total square feet of proposed building and existing building.
5. Location of existing utilities, right-of-ways, and easements.
6. Number of household or rental units any existing and proposed building is designed to accommodate.

Owner/Agent _____	Date _____
Signature	
Received by _____	Fee _____
City Clerk	

Upon review, a Conditional Certificate of Zoning Compliance is hereby:  <input type="checkbox"/> Granted <input type="checkbox"/> Denied  Date _____  Reason for Denial: _____  _____  _____ Granger Zoning Administrator	Upon review, a Conditional Certificate of Zoning Compliance is hereby:  <input type="checkbox"/> Granted <input type="checkbox"/> Denied  Date _____  Reason for Denial: _____  _____  _____ Granger Zoning Administrator
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