

BUILDING PERMIT APPLICATION
CITY OF MARQUETTE, IOWA

Owner Name: _____
Address: _____
Phone No: _____

Landowner NAME (if different than applicant) _____
Project Address: _____
Phone Number: _____

Address of Property: _____
Total Estimated cost of Improvement: \$ _____

Legal Description of Property & Zoning Location (ie. Lot 1, 2 & 3 of Block 25... R1-C2-AG-1):

Structure described as:
____ New Single-Family Dwelling ____ New Multi-Family Dwelling ____ Addition ____ Storage Shed
____ Attached Garage ____ Detached Garage ____ Fence ____ Deck ____ Other _____

The size of Construction will be: Length: _____ Width _____ Height _____
Basement: Yes / No I can prove my property lines. Yes / No
Will you connect to city utilities: Water: Yes / No Sewer: Yes / No

Describe below (or using attached paper), detail of the planned structure, addition, and or use as it complies with all provisions of the City of Marquette Zoning Ordinances. **A drawing is required showing the layout of property lines, street names, distance from the property lines to the proposed structure, as well as distance between the proposed structure and other structures on the property. Also note any ROW drainage issues (driveways, culverts, etc.) which may be affected by construction and any proposed solutions.** For **"Change of Use"** request: indicate which part of the lot and which structures will be involved in the use.

Check all that apply:
 Survey of Property Attached Stakes installed at project site Storm Water Permit Attached
 Transfer of Ownership Statement – NPDES General Permit No.2 Driveway Drainage approved

Projected Start Date: _____ **Estimated Completion date:** _____

Fee Required with submittal of this application.
Please allow 5 business days from date application is submitted to complete the process.

The signing of this application certifies that the new occupancy complies with all provisions of the City of Marquette zoning ordinance, and no subsequent modifications shall be made to the occupancy, use, method or operation that would be in violation of said ordinance.

(Applicant Signature) Date (Landowner Signature) Date

Office use Only:
Date Received _____ Payment \$: _____
Zoning Administrator Notified: _____ Payment Type: _____ (date)
Circle One: Approved Denied*
Signature/date *Attach reason for denial

Project Value	Fee
\$ 0- \$500	\$0
\$501 - \$10,000	\$20
\$10,001 - \$30,000	\$40
\$30,001 - \$60,000	\$60
\$60,001 - \$100,000	\$80
\$100,001 +	\$100

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