

# CITY OF SIOUX CITY

## Applicant Profile Form

(Complete along with the appropriate application form. Not required with the Design Review Committee Request Form)

Planning Division  
 Room 308  
 405 6<sup>th</sup> Street  
 P.O. Box 447  
 Sioux City, IA 51102-0447



Before completing, read the entire Applicant Profile Form and related application. A pre-application conference is **required** for all applications for cluster, mixed housing, and planned neighborhoods; traditional neighborhood development, as well as applications for development in the Airport Protection (AP), Casino Entertainment (CE), Historic Area (HA), and Public Institutional (PI) zoning districts. However, pre-application conferences may be requested for any development type.

### PETITIONER/APPLICANT INFORMATION

Name					
Street Address					
City		State		ZIP	
Phone		E-mail Address			
Petitioner's interest in the property	Owner <input type="checkbox"/>	Contract Buyer <input type="checkbox"/>	Architect <input type="checkbox"/>	Engineer <input type="checkbox"/>	Other:

### PROPERTY OWNER (IF DIFFERENT)

Name					
Street Address					
City		State		ZIP	
Phone		E-mail Address			

### LEGAL DESCRIPTION (IF LEGAL IS TOO LONG, NOTE BELOW AND ATTACH TO THE APPLICATION)

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### PLANNING AND ZONING DIVISION REQUESTS

**Approvals are issued by the City after compliance with the requirements of the Zoning and Sign Code is determined. A determination is made by the Planning and Zoning Commission, Board of Adjustment, Administrator, or City Council upon recommendation of City staff, Boards, or Commissions. A full list of permits and approval procedures are listed in *Subchapter 25.06-B Permits and Procedures of the Code*.**

<input type="checkbox"/> Vacation	<input type="checkbox"/> Site Plan / Development Concept Plan	<input type="checkbox"/> Conditional/Limited Use Permit	<input type="checkbox"/> Certificate of Appropriateness
<input type="checkbox"/> Zone Change	<input type="checkbox"/> Major changes to a Site/Concept Plan	<input type="checkbox"/> Temporary Use Permit	<input type="checkbox"/> Designation of Historic Site/Landmark
<input type="checkbox"/> Sign Permit	<input type="checkbox"/> Minor Changes to a Site/Concept Plan	<input type="checkbox"/> Appeal	<input type="checkbox"/> Accessory Dwelling Unit
<input type="checkbox"/> Minor Modification	<input type="checkbox"/> Zoning Compliance Certificate	<input type="checkbox"/> Variance	<input type="checkbox"/> Avigation Permit
<input type="checkbox"/> Right-of-Way Encroachment	<input type="checkbox"/> Sign Design Program		<input type="checkbox"/> Interchange Development
<input type="checkbox"/> Text Amendment	<input type="checkbox"/> Interpretation		<input type="checkbox"/> Preliminary/Final Plat

### SIGNATURE

Property Owner's Signature:	Application Date:
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**\*For additional assistance please contact the City Planning and Zoning Division either before or after submission of the application. A copy of the entire Sioux City Zoning and Sign Code is available in the Planning Division office or under Title 25 online at: <http://online.encodeplus.com/regs/sioux-city-ia/index.aspx>. See *Subsection 25.06.070* for the complete review procedures.**

# CITY OF SIOUX CITY

Application for a Certificate of Appropriateness  
(Complete along with the Applicant Profile Form)

Planning Division  
Room 308  
405 6<sup>th</sup> Street  
P.O. Box 447  
Sioux City, IA 51102-0447



**A certificate of appropriateness is required upon any proposed additions or modifications to or the demolition of, in whole or in part, a historic landmark or structure within a historic zoning district (HA). No building permit application shall be accepted nor shall any such permit be issued, and no work shall be performed until after approval of a certificate of appropriateness. See *Subsection 25.03.190.4, Historic Area Design Standards.***

## SUBJECT PROPERTY INFORMATION

Owner			
Street Address			
Zoning District		Lot Area	
Existing Use			
Phone		E-mail	

## HISTORIC CONTEXT FOR REVIEW

Historic Significance (check all that apply)	<input type="checkbox"/> Located in a Historic Area Zoning District	<input type="checkbox"/> Designated Local Landmark	
Historic Property Name and Use (if known)			
Building Type		Construction Year	
Architectural Materials	Foundation:	Roof:	Exterior walls: Other:

## REQUEST

Describe the proposed alteration (include the current condition of the property):

For Office Use Only

File Number:

Staff Reviewer:

Describe the impacts the alteration will have on original materials:

List the contractor to perform the work and experience working with the Secretary of Interior Standards for Rehabilitation and/or the design guidelines for historic districts in Sioux City:

#### INFORMATION CHECKLIST

<input type="checkbox"/>	<input type="checkbox"/> N/A	A survey by a Certified Land Surveyor licensed in the State of Iowa if necessary to describe the property.
<input type="checkbox"/>		Detailed plans and elevations showing the existing conditions and proposed changes, including the specific materials used and color samples.
<input type="checkbox"/>		Filing fee of \$25.00

#### SIGNATURE

Owner/Petitioner's Signature:

Application Date:

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