

# 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 Right-of-Way Encroachment  
 (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



**Pursuant to Chapter 17.28 of the Municipal Code and Subchapter 25.03-A Development Yield and Lot Standards of the Zoning and Sign Code.**

**ABUTTING PROPERTY INFORMATION**

Owner			
Street Address			
Zoning District		Lot Area	
Existing Use			

**REQUEST**

Purpose of encroachment	
Legal Description of the encroachment (attach if necessary)	

**INFORMATION CHECKLIST**

<input type="checkbox"/>	A survey by a Certified Land Surveyor licensed in the State of Iowa if necessary to describe the encroachment.
<input type="checkbox"/>	A plan of the property to which the proposed encroachment will abut. The plan shall show the dimensions of the property and all existing improvements located thereon together with a scale drawing for the proposed right-of-way encroachment.
<input type="checkbox"/>	Completed Applicant Profile Form
<input type="checkbox"/>	Filing fee of \$15.

**SIGNATURE**

The undersigned, as partial consideration for the granting of this permit, does hereby agree to identify and save harmless the City, its officials and employees from any and all claims or expenses on account of injury to persons or damage to property arising out of in a whole or in part the installation, existence or maintenance of the encroachment permitted herein. This indemnification terminates only upon complete removal of the encroachment, but does not terminate as to arising prior to the removal of the encroachment.

Petitioner's Signature:		Application Date:	
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If applicant is not the owner of the property to which the proposed encroachment will abut, the owner must also sign this application.

Owner's Signature:		Application Date:	
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**STAFF REVIEW**

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	City Engineer:	Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	City Manager:	Date:	