



CITY OF LEOTI

Council Meeting
1st & 3rd Monday – 7:00 p.m.

BUILDING AND MOBILE HOME PERMIT APPLICATION INCLUDING DEMOLITION AND MODULAR HOMES

**THIS PERMIT IS IN EFFECT FOR 180 DAYS FOLLOWING DATE OF APPROVAL
IF PROJECT IS NOT COMPLETED, A NEW PERMIT MUST BE OBTAINED**

WORK CANNOT COMMENCE UNTIL PERMIT IS APPROVED BY CITY OF LEOTI

Property Address and/or Location: _____

Owner Name: _____ Renter (if applicable): _____

Property Legal Description: Block No. _____ Lot No. _____ Addition _____

Description of Planned Work:

General Information

*Planned Square Footage: _____ Height: _____ Stories: _____ Basement: _____

**Not applicable for fencing*

Estimated Cost: \$ _____ Start Date: _____ End Date: _____

Contractor(s) Name: _____

**Contractor(s) Address: _____

****Contractors are REQUIRED to have a current license with City of Leoti paid and on file at the time of application.**

| Type of Improvement | Proposed Use | Roof | Heating Method |
|--|--|--|--|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Commercial | <input type="checkbox"/> Wood | <input type="checkbox"/> Natural Gas |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Residential | <input type="checkbox"/> Metal | <input type="checkbox"/> Other - Specify Below |
| <input type="checkbox"/> Remodel | <input type="checkbox"/> Industrial | <input type="checkbox"/> Concrete | _____ |
| <input type="checkbox"/> Repair/Replace | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Shingles | Covering - Exterior Walls |
| <input type="checkbox"/> Destruction | <input type="checkbox"/> Rental | <input type="checkbox"/> Other - Specify Below | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Roofing/Siding | <input type="checkbox"/> Storage Shed | _____ | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Other - Specify Below | <input type="checkbox"/> Other - Specify Below | _____ | <input type="checkbox"/> Metal Composition |
| Foundation | <input type="checkbox"/> Carport (Attached) | Structure - Frame | <input type="checkbox"/> Vinyl |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Carport (Detached) | <input type="checkbox"/> Masonry | <i>*Above Materials Expected to be New</i> |
| <input type="checkbox"/> Concrete Block | <input type="checkbox"/> Garage (Attached) | <input type="checkbox"/> Steel | <input type="checkbox"/> Other - Specify Below |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Garage (Detached) | <input type="checkbox"/> Concrete | _____ |
| <input type="checkbox"/> Other - Specify Below | _____ | <input type="checkbox"/> Wood | _____ |
| _____ | _____ | <input type="checkbox"/> Other - Specify Below | _____ |



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I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances Governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Applicant agrees to locate his or her own property boundary lines. The City of Leoti has no responsibility for the location of property boundary lines or terms of property ownership, and the applicant understands and accepts the City's position. The city does not provide any type of survey assistance for individual property.

*I hereby agree, upon the condition of the issuance of a permit as requested in this application, to indemnify and hold the same City free from loss, liability, or damage which may result from my actions hereunder. Also, **I hereby agree to pay a non-refundable \$25.00 application fee** for the City Building/Mobile Home Permit, which includes demolition and modular homes.*

Applicant Signature (Owner) _____ DATE _____

1-800-DIG-SAFE (1-800-344-7233) DIG SAFE TICKET # _____

Refer to Ordinance 2016-06 for Additional Information

**Setbacks for commercial, industrial, and mobile home parks are different from the information provided on this permit.*

REQUIRED RESIDENTIAL SETBACKS FROM PROPERTY LINES: FRONT

YARD – 15 FEET SIDE YARD – 5 FEET REAR YARD – 5 FEET

**Please note, corner lots have two or more front yards.*

PLOT PLAN WITH UTILITY LOCATIONS MUST BE DRAWN ON THE ATTACHED SHEET

X _____
Signature of City Official Verifying Setbacks Date

X _____
Signature of Planning and Zoning Member Approving Permit Date

X _____
Signature of Planning and Zoning Member Approving Permit Date

X _____
Signature of City Official Approving (only if 2 Planning and Zoning do not agree) Date



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PLOT PLAN

LABEL STREETS AND LOCATION ON DRAWINGS, MEASUREMENTS REQUIRED FROM ALL SIDES, BE SURE TO MARK ALL UTILITY LOCATIONS, INDICATE NORTH DIRECTION ON MAP WITH AN ARROW

