



JOHNSON COUNTY DEPARTMENT OF PLANNING AND ZONING
*******Temporary Use***** PERMIT APPLICATION**

LOCATION OF WORK:

ADDRESS: _____

TOWNSHIP: _____

(IF APP.)SUBDIVISION: _____

SECTION: _____ LOT #: _____

CONTRACTOR:

NAME: _____

ADDRESS: _____

TELEPHONE #1: _____

TELEPHONE #2: _____

EMAIL: _____

PROPERTY OWNER:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

NATURE OF WORK (please specify):

- ☐ NEW STRUCTURE _____
☐ OTHER, SPECIFY _____

INTENDED USE OF STRUCTURE (check one):

- ☐ RESIDENTIAL
☐ BUSINESS
☐ INDUSTRIAL
☐ AGRICULTURAL
☐ INSTITUTIONAL (church, school, gov't, etc)
☐ OTHER, SPECIFY _____

DETAILS:

APPROX. VALUE OF CONSTRUCTION: \$ _____

TOTAL FLOOR AREA (all area under roof): _____

HEIGHT AT PEAK (lowest to highest point): _____

NUMBER OF STORIES: _____

I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM AND ATTACHED TO THIS FORM IS COMPLETE AND ACCURATE UNDER PENALTY OF PERJURY. I WILL PERFORM THE WORK, AFTER RECEIVING THE BUILDING PERMIT FROM THE DEPARTMENT OF PLANNING AND ZONING, ACCORDING TO THE CURRENTLY ADOPTED CODES, ORDINANCES, CONDITIONS, AND OBTAIN THE NECESSARY INSPECTIONS.

Your Name: _____

Signature of Applicant

Name Printed/Typed

Date

DEPARTMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)

RECEIVED (Date/Time) _____

SECTION: _____

TOWNSHIP: _____

RANGE: _____

PLAT MAP #: _____

ZONING: _____

LAND USE VERIFIED:

☐ YES ☐ NO

FEMA FLOOD HAZARD:

☐ YES ☐ NO

F.I.R.M.# _____

LOCALIZED FLOOD:

☐ YES ☐ NO

MODEL HOME

☐ YES ☐ NO

APPROVED BY: _____

State Release #: _____

Beginning Date: _____

Ending Date: _____

PERMIT #: _____

PERMIT FEE: _____

RECEIPT #: _____

CASH: _____ CHECK #: _____

DATE RELEASED: _____

CL # _____ Current? ☐ YES

☐ NO

RELEASED FOR CONSTRUCTION:

_____ SITE PLAN per _____

_____ BUILDING per _____

APPLICATION DENIED: _____

