MITCHELL COUNTY PLANNING & ZONING
212 South 5th Street
Osage, Iowa 50461
641-832-3943

INSTRUCTIONS FOR BUILDING PERMIT APPLICATIONS

Please fill out the application form and return it with the following items:

1. A legal description of the property
2. Any and all plans of the property showing the distances from the edge of your property line to the proposed building from all four directions.
3. A check made out to Mitchell County for $55.00. (Farming Operations are exempt from this fee, however an application must still be submitted.)
4. Return to: Mitchell County Planning & Zoning
   212 S 5th Street
   Osage, Iowa 50461

For further information or questions, call 641-832-3943.

Note: If a new septic system is to be put into use, the Mitchell County Environmental Health Specialist/Sanitarian MUST be contacted for a permit.

County Environmental Health Specialist: Mitchell County Public Health
415 Pleasant Street
Osage, Iowa 50461
641-832-3500

MITCHELL COUNTY PLANNING & ZONING
212 South 5th Street
Osage, Iowa 50461
641-832-3943

MITCHELL COUNTY BUILDING PERMIT APPLICATION

Date: _____

Application Submitted By: _____

Home Address: _____

Address or Parcel Number Where Building Will Be Constructed: _____

_____

Phone Number of Applicant: _____

Purpose: _____To Build _____To Alter _____To Occupy

Building on the following: Quarter_____ Section_____ Township_____ Range_____

Type of Building or Improvement Proposed: _____

Size of the Lot (in entirety): _____ Size of the Lot for Building: _____

Structure will be set back _____ feet from the right of way (road).

Structure will be set back _____, _____, and _____ from the sides of the lot line.

Occupancy Use: _____

Type of work: _____New Build _____Alteration _____Addition

Number of Families to Occupy Structure: _____

Type of Sanitary Disposal to be used: _____

Septic System Permit Number (For County Sanitarian to Fill Out): _____

The undersigned applicant certifies under oath and the penalty of perjury that the information on this form is true and correct.

_____

Applicant, Owner, or Agent Signature

Approved: _____

Denied: _____

Mitchell County Zoning Administrator Signature: _____

Check # _____