



City of Windsor Heights

www.windsorheights.org

1145 66th Street, Suite 1 • Windsor Heights, Iowa 50324 • 515-279-3662 • Fax 515-279-

TEMPORARY STRUCTURE APPLICATION Residential

Date of Application: _____

Company Name/Applicant: _____

Address: _____

Phone: _____

Email: _____

Contact: _____

Number of structures: _____

Description of proposed site of structure(s): _____

The need for such structure(s): _____

Period of time for structure(s): _____

Description, including dimensions of structure(s): _____

Permit Fees:

First 30 days:	\$0
Second 30 days:	\$20.00
Third 30 days:	\$40.00
Thereafter:	\$20.00 per 30-day extension

Cash Credit Card
 Check Number _____

SIGNATURE OF MANAGER OR OWNER (APPLICANT)	
X _____	DATE: _____

_____ Approved	_____ Denied Date: _____
_____ Zoning Administrator	