



Permit #: _____
Receipt #: _____
Fee: \$ _____

CITY OF NEW HAMPTON, IOWA
JUNK RESTORATION PERMIT APPLICATION AND APPROVAL

Applicant Information:

Name of Applicant:
Mailing Address:
Telephone Number:
Email Address:

Vehicle Information:

Type of Vehicle:
Make, Model & Year of Vehicle:
Color of Vehicle:
Vin Number:

Per Chapter 51 of the City of New Hampton Code

“Upon application by a resident owner of a motor vehicle, the clerk shall issue a six (6) month permit allowing the owner of a vehicle to keep and restore one junk motor vehicle or piece of junk machinery on premises located within the corporate limits of the city. This permit shall be valid for a period of six (6) months from the date of issue and may be re-issued by the clerk only after inspection by the chief of police.”

Certification of the Applicant and/or Owner:

I affirm that all statements contained in the application and attachments are true and correct and that I, the permit holder, will restore one junk motor vehicle in compliance with all Local, State and Federal Laws and as otherwise directed by the City Council.

Applicant Signature

Date

Approval of the City:

Based on the information provided in this application, and attested to, by the applicant, I have reviewed the request and hereby approve of this application and permit for vehicle restoration on behalf of the City of New Hampton, Iowa.

Signature of City Clerk

Date