R870768

City of Council Bluffs
Clerk's Office
209 Pearl Street, Ste 102
Council Bluffs, IA 51503
712-890-5261

Salvage/Storage Yard License Application

Date:

Business Name: Action Truck Parts
Business Address: 1510 10th Ave.
Business Phone: 712 322 4029

Mark one: Salvage Yard X **Storage Yard** _____

Owners Name: Todd Cochran **Phone:** 4026699165
Address: 16421 Frank **City:** CB **State:** IA **Zip Code:** 51503
Type of Business: ___ **Firm** **If Corporation, List Officers:** _____
___ **Partnership** _____
___ **Corporation** _____
_____

Note: **If foreign corporation, proof must be attached showing capability of doing business in Iowa**

Legal Description of the Property: Feeney's Dan's #2.

Parcel Number: 754433541005

Total Area (Square Feet) Available for Business Location (fenced-in areas inclusive of any buildings): _____
Will Retail Sales Be Made On Premises? X **Yes** _____ **No**
Nature and Type of Salvage Equipment: _____

What Is Zoning At This Location? #2
Has Conditional Use Been Granted Under City Ordinance? _____ **Yes** _____ **No** _____ **Not Applicable**
If Yes, Give Date: _____ **If No, Give Date For Zoning Board Of Adjustment Consideration:** _____
I, _____**, do hereby affirm that all of the above information is true and correct to the best of my knowledge.**

_____
Signature of Applicant

Fee must accompany application - renewal fee same price as original fee
0 - 5,000 sq. ft. - **$50.00** 5,001 - 10,000 sq. ft. - **$100.00** 10,001 - 20,000 sq. ft. - **$150.00** 20,001+ sq. ft. - **$200.00**

FOR OFFICE USE ONLY:

Date Application Received: 1.15.21
City Council Date: 1.25.21
Date License Issued: _____

Building Approval: _____
Fire Approval _____

R 870768

City of Council Bluffs
Clerk's Office
209 Pearl Street, Ste 102
Council Bluffs, IA 51503
712-890-5261

Salvage/Storage Yard License Application

Date:

Business Name: Action Truck Parts
Business Address: 1728 10th Ave
Business Phone: 402 669-9165

Mark one: Salvage Yard X **Storage Yard** _____

Owners Name: Todd Cadman **Phone:** 402 669 9165
Address: 16421 Franklin Ave **City:** CB **State:** IA **Zip Code:** 51503
Type of Business: X **Firm** **If Corporation, List Officers:** _____
_____ **Partnership** _____
_____ **Corporation** _____
_____

Note: **If foreign corporation, proof must be attached showing capability of doing business in Iowa**

Legal Description of the Property: Florey Dans L2

Parcel Number: _____
Total Area (Square Feet) Available for Business Location (fenced-in areas inclusive of any buildings): _____
Will Retail Sales Be Made On Premises? X **Yes** X **No**
Nature and Type of Salvage Equipment: _____

What Is Zoning At This Location? _____
Has Conditional Use Been Granted Under City Ordinance? _____ **Yes** _____ **No** _____ **Not Applicable**
If Yes, Give Date: _____ **If No, Give Date For Zoning Board Of Adjustment Consideration:** _____
I, _____**, do hereby affirm that all of the above information is true and correct to the best of my knowledge.**

Todd Cadman
Signature of Applicant

Fee must accompany application - renewal fee same price as original fee
0 - 5,000 sq. ft. - **$50.00** 5,001 - 10,000 sq. ft. - **$100.00** 10,001 - 20,000 sq. ft. - **$150.00** 20,001+ sq. ft. - **$200.00**

FOR OFFICE USE ONLY:

Date Application Received: 1.15.21
City Council Date: 1.25.21
Date License Issued: _____

Building Approval: SR
Fire Approval _____

City of Council Bluffs
Clerk's Office
209 Pearl Street, Ste 102
Council Bluffs, IA 51503
712-890-5261

Salvage/Storage Yard License Application

Date: 01/05/21

Business Name: CHARLES W CULP
Business Address: 2230 23RD AVE
Business Phone: 912-882-2779

Mark one: Salvage Yard_____ Storage Yard X

Owners Name: CHARLES W CULP **Phone:** 912-882-2779
Address: PO BOX 7504 **City:** SAINT MARYS **State:** GA **Zip Code:** 31558
Type of Business: ✓ **Firm** **If Corporation, List Officers:**
___ **Partnership**
___ **Corporation**

Note: **If foreign corporation, proof must be attached showing capability of doing business in Iowa**

Legal Description of the Property: LOT 6-12, BLOCK 12, RAILROAD ADDITION

Parcel Number: 744402303003
Total Area (Square Feet) Available for Business Location (fenced-in areas inclusive of any buildings):_____
Will Retail Sales Be Made On Premises? ___ **Yes** ✓ **No**
Nature and Type of Salvage Equipment:

What Is Zoning At This Location? I-2 GENERAL INDUSTRIAL
Has Conditional Use Been Granted Under City Ordinance? ___ **Yes** ___ **No** ✓ **Not Applicable**
If Yes, Give Date:_____ **If No, Give Date For Zoning Board Of Adjustment Consideration:**_____
I, CHARLES W CULP **, do hereby affirm that all of the above information is true and correct to the best of my knowledge.**

Charles W Culp
Signature of Applicant

Fee must accompany application - renewal fee same price as original fee
0 - 5,000 sq. ft. - **$50.00** 5,001 - 10,000 sq. ft. - **$100.00** 10,001 - 20,000 sq. ft. - **$150.00** 20,001+ sq. ft. - **$200.00**

FOR OFFICE USE ONLY:

Date Application Received: 1.11.21
City Council Date: 1.25.21
Date License Issued:_____

Building Approval: SR
Fire Approval_____

R820113
PAID JAN 12 2021

City of Council Bluffs
Clerk's Office
209 Pearl Street, Ste 102
Council Bluffs, IA 51503
712-890-5261

Salvage/Storage Yard License Application

Date: 1/6/2021

Business Name: Cox Contracting Co INC
Business Address: 335 23RD Avenue, CB, IA
Business Phone: 712 322-3088 / 402-306-4379

Mark one: Salvage Yard X **Storage Yard** _____

Owners Name: Cox Contracting Co INC **Phone:** 712322-3088
Address: 335 23RD AVE **City:** CB **State:** IA **Zip Code:** 51503

Type of Business: ___ Firm ___ Partnership X Corporation

If Corporation, List Officers: KATY L Cox / president / secretary
John R Cox / V. President / TREASURER

Note: **If foreign corporation, proof must be attached showing capability of doing business in Iowa**

Legal Description of the Property: See Attached page

Parcel Number: _____

Total Area (Square Feet) Available for Business Location (fenced-in areas inclusive of any buildings): 4 ACRES

Will Retail Sales Be Made On Premises? X **Yes** _____ **No**

Nature and Type of Salvage Equipment: EXCAVATORS, Trackloaders, Knuckleboom

What Is Zoning At This Location? GM

Has Conditional Use Been Granted Under City Ordinance? X **Yes** _____ **No** _____ **Not Applicable**

If Yes, Give Date: _____ **If No, Give Date For Zoning Board Of Adjustment Consideration:** _____

I, John R Cox **, do hereby affirm that all of the above information is true and correct to the best of my knowledge.**

John R Cox
Signature of Applicant

Fee must accompany application - renewal fee same price as original fee

0 - 5,000 sq. ft. - **$50.00** 5,001 - 10,000 sq. ft. - **$100.00** 10,001 - 20,000 sq. ft. - **$150.00** 20,001+ sq. ft. - **$200.00**

FOR OFFICE USE ONLY:

Date Application Received: 1.11.21
City Council Date: 1.25.21
Date License Issued: _____

Building Approval: SR
Fire Approval _____

R87012

PAID JAN 12 2021

City of Council Bluffs
Clerk's Office
209 Pearl Street, Ste 102
Council Bluffs, IA 51503
712-890-5261

Salvage/Storage Yard License Application

Date: 1/4/21

Business Name: Caneeden Metals, L.L.C
Business Address: 1301 North 14th Steet. Council Bluffs, 51501
Business Phone: 712 256-8882

Mark one: Salvage Yard X **Storage Yard** _____

Owners Name: Harold R. Edelman **Phone:** 712 482-3115
Address: 18067 330TH Street **City:** Treynor **State:** Ia **Zip Code:** 51575
Type of Business: ___ Firm ___ Partnership X Corporation
If Corporation, List Officers: Harold R. Edelman; Maneva R. Edelman

Note: **If foreign corporation, proof must be attached showing capability of doing business in Iowa**

Legal Description of the Property: Lots 3, 4, 2, 5 Block 4 Lot 1, 2, 3 Block 2 Thompson's addition & vacate 14th street
Parcel Number: 754426229001
Total Area (Square Feet) Available for Business Location (fenced-in areas inclusive of any buildings): 10,000 - 20,000 sq ft
Will Retail Sales Be Made On Premises? ____ Yes X No
Nature and Type of Salvage Equipment: Prepartoin of nonferous metal for recycling purposes.
What Is Zoning At This Location? General/Industrial
Has Conditional Use Been Granted Under City Ordinance? ____ Yes ____ No ____ Not Applicable
If Yes, Give Date: ____ **If No, Give Date For Zoning Board Of Adjustment Consideration:** ____
I, Harold R Edelman, **do hereby affirm that all of the above information is true and correct to the best of my knowledge.**

Harold R Edelman
Signature of Applicant

Fee must accompany application - renewal fee same price as original fee
0 - 5,000 sq. ft. - **$50.00** 5,001 - 10,000 sq. ft. - **$100.00** 10,001 - 20,000 sq. ft. - **$150.00** 20,001+ sq. ft. - **$200.00**

FOR OFFICE USE ONLY:

Date Application Received: 1.6.21
City Council Date: 1.25.21
Date License Issued: _____
Building Approval: SR
Fire Approval _____

PAID JAN 06 20
R869590

City of Council Bluffs
Clerk's Office
209 Pearl Street, Ste 102
Council Bluffs, IA 51503
712-890-5261

Salvage/Storage Yard License Application

Date: 12/30/2020

Business Name: Controlled Materials & Equipment Transportation (CMET)
Business Address: 1201. S. 6th St, Council Bluffs, IA 51501
Business Phone: 402-306-8049

Mark one: Salvage Yard X **Storage Yard** _____

Owners Name: GLG-JLG, LLC **Phone:** 402-306-8049
Address: 1201. S. 6th St **City:** Council Bluffs **State:** ~~IA~~ **Zip Code:** 51501
Type of Business: ___ Firm ___ Partnership X Corporation
If Corporation, List Officers: Jeff Griffis, President

Note: **If foreign corporation, proof must be attached showing capability of doing business in Iowa**

Legal Description of the Property: Please See attached Legal Description

Parcel Number: 754436379001
Total Area (Square Feet) Available for Business Location (fenced-in areas inclusive of any buildings): 43,342 SF 0.99 Acres
Will Retail Sales Be Made On Premises? ___ Yes X No
Nature and Type of Salvage Equipment: Construction

What Is Zoning At This Location? _____
Has Conditional Use Been Granted Under City Ordinance? ___ Yes ___ No ___ Not Applicable
If Yes, Give Date: _____ **If No, Give Date For Zoning Board Of Adjustment Consideration:** _____
I, Laura Fisher, **do hereby affirm that all of the above information is true and correct to the best of my knowledge.**

Laura Fisher
Signature of Applicant

Fee must accompany application - renewal fee same price as original fee
0 - 5,000 sq. ft. - **$50.00** 5,001 - 10,000 sq. ft. - **$100.00** 10,001 - 20,000 sq. ft. - **$150.00** 20,001+ sq. ft. - **$200.00**

FOR OFFICE USE ONLY:

Date Application Received: 1.6.21
City Council Date: 1.25.21
Date License Issued: _____

Building Approval: SR
Fire Approval _____

PAID JAN 06 2021
869588

City of Council Bluffs
Clerk's Office
209 Pearl Street, Ste 102
Council Bluffs, IA 51503
712-890-5261

Salvage/Storage Yard License Application

Date: 01/04/2021

Business Name: The Grove at Council Bluffs

Business Address: 3200 Chippewa Ln, Council Bluffs, IA 51501

Business Phone: 712-292-6884

Mark one: Salvage Yard_____ Storage Yard X

Owners Name: Mothership Master PropCo GSE, LLC **Phone:** 720-386-1543

Address: 5600 S Quebec St, Suite 220A **City:** Greenwood Village **State:** CO **Zip Code:** 80111

Type of Business: ___ **Firm** **If Corporation, List Officers:**

___ **Partnership**

___ **Corporation** LLC

***Note:* If foreign corporation, proof must be attached showing capability of doing business in Iowa**

Legal Description of the Property: CO BLUFFS LEWIS 11-74-44 PT S1/2 NW, SW NE & NE SW COMM CENTER SECTION 11 TH W741.71' SW58.86' W119.85' SW39.51' W371.13' N30.48' W30.04' N1016' E560' NE65' N186' NE100' SE950' NE150' SE135' SW315' S459' TO POB

Parcel Number: 7444-11-100-007 and 7444-11-100-008

Total Area (Square Feet) Available for Business Location (fenced-in areas inclusive of any buildings): 16,000 SF

Will Retail Sales Be Made On Premises? _____ **Yes** X **No**

Nature and Type of Salvage Equipment: This is a storage yard only

What Is Zoning At This Location? R-1M/Single Family Manufactured Housing District

Has Conditional Use Been Granted Under City Ordinance? _____ **Yes** _____ **No** _____ **Not Applicable**

If Yes, Give Date: _____ **If No, Give Date For Zoning Board Of Adjustment Consideration:** _____

I, Keith Gee **, do hereby affirm that all of the above information is true and correct to the best of my knowledge.**

_____

Signature of Applicant

Fee must accompany application - renewal fee same price as original fee

0 - 5,000 sq. ft. - **$50.00** 5,001 - 10,000 sq. ft. - **$100.00** 10,001 - 20,000 sq. ft. - **$150.00** 20,001+ sq. ft. - **$200.00**

FOR OFFICE USE ONLY:

Date Application Received: 1.11.21

City Council Date: 1.25.21

Date License Issued: _____

Building Approval: SR

Fire Approval _____

PAID JAN 12 [illegible]

R870114

City of Council Bluffs
Clerk's Office
209 Pearl Street, Ste 102
Council Bluffs, IA 51503
712-890-5261

Salvage/Storage Yard License Application

Date: 12/30/2020

Business Name: Controlled Materials & Equipment Transportation (CMET)
Business Address: 1129 9th Ave, Co. Bluffs, IA 51501
Business Phone: 402-306-8049

Mark one: Salvage Yard X **Storage Yard** _____

Owners Name: J-J Contracting, Inc. **Phone:** 402-306-8049
Address: 1201 Si 6th St **City:** Co Bluffs **State:** ~~IA~~ **Zip Code:** 51501
Type of Business: ___ Firm ___ Partnership X Corporation
If Corporation, List Officers: Jeff Griffis, Gary Griffis, Jesse Lee Griffis

Note: **If foreign corporation, proof must be attached showing capability of doing business in Iowa**

Legal Description of the Property: Please see attached legal description

Parcel Number: 7544 354 31002
Total Area (Square Feet) Available for Business Location (fenced-in areas inclusive of any buildings): 103,237 sf 2.37 Acres
Will Retail Sales Be Made On Premises? ___ Yes X No
Nature and Type of Salvage Equipment: Construction

What Is Zoning At This Location? _____
Has Conditional Use Been Granted Under City Ordinance? ___ Yes ___ No ___ Not Applicable
If Yes, Give Date: _____ **If No, Give Date For Zoning Board Of Adjustment Consideration:** _____
I, Laura Fisher, **do hereby affirm that all of the above information is true and correct to the best of my knowledge.**

Laura Fisher
Signature of Applicant

Fee must accompany application - renewal fee same price as original fee
0 - 5,000 sq. ft. - **$50.00** 5,001 - 10,000 sq. ft. - **$100.00** 10,001 - 20,000 sq. ft. - **$150.00** 20,001+ sq. ft. - **$200.00**

FOR OFFICE USE ONLY:

Date Application Received: 1.6.21
City Council Date: 1.25.21
Date License Issued: _____
Building Approval: SR
Fire Approval _____

PAID JAN 06 2021

R86589

City of Council Bluffs
Clerk's Office
209 Pearl Street, Ste 102
Council Bluffs, IA 51503
712-890-5261

Salvage/Storage Yard License Application

Date: 12.30.2020

Business Name: NATIONAL CONCRETE CUTTING, INC.
Business Address: 4875 E. MANAWA DR. CO. BLUFFS, IA 51501
Business Phone: 712.325.1125

Mark one: Salvage Yard X **Storage Yard** ____

Owners Name: B&B REAL ESTATE INVESTMENTS, LLC **Phone:** 712.325.1125
Address: 4875 E. MANAWA DR. **City:** CO. BLUFFS **State:** IA **Zip Code:** 51501
Type of Business: ___ Firm X Partnership ___ Corporation **If Corporation, List Officers:** ____

Note: **If foreign corporation, proof must be attached showing capability of doing business in Iowa**

Legal Description of the Property: SECTION 18-74-43 590.8' SE NW LYING E OF LATERAL EXC WLY 15' TO CITY = PARCEL #2
Parcel Number: 744318100008
Total Area (Square Feet) Available for Business Location (fenced-in areas inclusive of any buildings): 304,920 (7 ACRES)
Will Retail Sales Be Made On Premises? ____ Yes X No
Nature and Type of Salvage Equipment: CRUSHER AND LOADERS TO MAKE RECYCLE CONCRETE; ASPHALT
What Is Zoning At This Location? I-2
Has Conditional Use Been Granted Under City Ordinance? X Yes ____ No ____ Not Applicable
If Yes, Give Date: 4.1.16 **If No, Give Date For Zoning Board Of Adjustment Consideration:** ____
I, KATIE NELSON **; do hereby affirm that all of the above information is true and correct to the best of my knowledge.**

Signature of Applicant

Fee must accompany application - renewal fee same price as original fee
0 - 5,000 sq. ft. - **$50.00** 5,001 - 10,000 sq. ft. - **$100.00** 10,001 - 20,000 sq. ft. - **$150.00** 20,001+ sq. ft. - **$200.00** ✓

FOR OFFICE USE ONLY:

Date Application Received: 1.11.21
City Council Date: 1.25.21
Date License Issued: ____
Building Approval: SP
Fire Approval ____

R870063
PAID JAN 11 2021

City of Council Bluffs
Clerk's Office
209 Pearl Street, Ste 102
Council Bluffs, IA 51503
712-890-5261

Salvage/Storage Yard License Application

Date: ~~12-30-2019~~ 12-31-20

Business Name: South End Salvage
Business Address: 1319 S. 17th St. Council Bluffs IA 5150
Business Phone: 402-510-0195

Mark one: Salvage Yard X **Storage Yard** _____

Owners Name: John Rapaich **Phone:** 402-510-0195
Address: 1415 Golden Hills Drive **City:** Crescent **State:** IA **Zip Code:** 51526
Type of Business: X **Firm** ___ **Partnership** ___ **Corporation**
If Corporation, List Officers: _____

Note: **If foreign corporation, proof must be attached showing capability of doing business in Iowa**

Legal Description of the Property: _____

Parcel Number: 754435452002
Total Area (Square Feet) Available for Business Location (fenced-in areas inclusive of any buildings): 20,001 + sq ft
Will Retail Sales Be Made On Premises? ___ **Yes** X **No**
Nature and Type of Salvage Equipment: Building Salvage and Automotive

What Is Zoning At This Location? I2
Has Conditional Use Been Granted Under City Ordinance? ___ **Yes** ___ **No** X **Not Applicable**
If Yes, Give Date: _____ **If No, Give Date For Zoning Board Of Adjustment Consideration:** _____
I, John Rapaich **, do hereby affirm that all of the above information is true and correct to the best of my knowledge.**

John Rap
Signature of Applicant x John Rapaich

Fee must accompany application - renewal fee same price as original fee
0 - 5,000 sq. ft. - **$50.00** 5,001 - 10,000 sq. ft. - **$100.00** 10,001 - 20,000 sq. ft. - **$150.00** 20,001+ sq. ft. - **$200.00**

FOR OFFICE USE ONLY:

Date Application Received: 1.6.21
City Council Date: 1.25.21
Date License Issued: _____

Building Approval: 8
Fire Approval _____
Zoning Approval: _____

PAID JAN 06 2021
R 869591