

<b>1. JOB ADDRESS</b>			
<b>2. Owner</b>	Address	e-mail address if you have one	Phone
<b>3. Contractor (if other than owner)</b>	Address	e-mail address if you have one	Phone
<b>4. Architect or Designer</b>	Mail Address	Phone	License No.
<b>5. Engineer</b>	Mail Address	Phone	License No.
<b>6. Electrical Contractor</b>	<b>Plumbing Contractor</b>	<b>Heating, Vent and A/C Contractor</b>	
<b>7. Use of Building</b>			
<b>8. Class of work:</b> <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERNATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE <input type="checkbox"/> REMODEL			
<b>9. Describe work:</b>			
<b>10. Change of use from</b>			
Change of use to			

**11. Valuation of work : \$**

**SPECIAL CONDITIONS:**

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**ASBESTOS** – State and Federal regulations require an asbestos inspection and notification prior to demolition or renovation of commercial, industrial, institutional, and public buildings and before demolishing some residential structures. The Owner and/or contractor are responsible for contacting the Iowa Department of Natural Resources (319-653-2135) regarding asbestos inspection and abatement and supplying proof of such if applicable.

**NOTICE**

Separate permits are required for electrical, plumbing, heating, ventilating or air conditioning. This permit becomes null and void if work on construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct, all provisions of laws and ordinances governing this type of work will be complied with, whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

\_\_\_\_\_  
Signature of CONTRACTOR or Authorized agent      Date

\_\_\_\_\_  
Signature of OWNER (if owner building)      Date

\_\_\_\_\_  
APPROVED for issuing      Date

Permit #		Permit Fee	
Type of Const.	Occupancy Group	Division	
Size of bldg (total) Sq. Ft.	No. of Stories	Max. Occ. Load	
Fire Zone	Use Zone	Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Dwelling Units	OFFSTREET PARKING SPACES		
	Covered	Uncovered	
Special Approvals	Required	Received	Not Required
ZONING			
HEALTH DEPT			
FIRE DEPT			
SOIL REPORT			
OTHER:			
SIGNS			
PLANNING			
ENGINEERING			