



Applicant to complete numbered lines only.

- 1. Job Address _____
- 2. Legal Description Lot _____ Block _____ Tract _____ (see attached sheet)
- 3. Owner _____ Address _____ Phone _____
- 4. Contractor _____ Address _____ Phone _____
- 5. Architect or Designer (if any) _____ Phone _____
- 6. Plumber (if any) _____ Phone _____
- 7. Electrician (if any) _____ Phone _____
- 8. Use of building _____
- 9. Class of Work: New Addition Alteration Repair Move Zoning Only
- 10. Describe Work: _____
 Type of Const. _____ Total Sq. Ft. _____ No of Stories _____ Use Zone _____
 No. of Dwelling Units _____ Basement: Yes No, Perimeter Drain Tile: Yes No, Sump Pump: Yes No
- 11. Complete and attach a Building Permit Plot Plan. All Permit Fees are Nonrefundable.
- 12. Estimated Value of Work: _____

The applicant/owner certifies that said structure conforms to the Energy Conservation Requirements adopted under Iowa Administrative Code Section 680-16.800(3), the "Model Energy Code" as amended and updated by Section 680-16.800(4) and Section 680-16.800(103a) of the Iowa State Building Code.

13. Signature of Owner or Contractor _____ Date _____

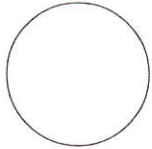
Special Conditions: _____ _____ _____ _____ _____ _____ _____	Permit Fee:		Permit No.	
	Special Approvals	Required	Received	Not Required
	Zoning			
	Board of Adjustment			
	Sewer			
	Water			
	Storm Sewer			
	Parking			
	Driveway			
	Flood Plain			
Approved for Issuance by: _____	Sidewalk			
	Moving Permit			
NOTICE This permit becomes null and void if work or construction authorized is not started within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has begun. Work must be completed within 18 months after issue date.	Excavation Permit			
	Demolition Permit			



Job Address _____ Permit # _____

Provide the following information in the space below or on another scale drawing. North arrow, dimensions of the lot, location of existing buildings, location and dimensions of proposed construction, distance from structures to property lines, distance form other buildings and distance to curb from property line.

Dimension of Lot



Draw North arrow in circle

Dimension of Lot

Name of Street _____

Back of Curb

(Measure)

Prop. Marker

(Measure)

Back of Curb

(Measure)

Prop. Marker

Name of Street _____

Name of Owner (print) _____ Signature of Owner (or Rep.) _____

Approved as noted by _____ Date _____

Copy for: City Applicant WWTP Water Dep't. Street Dep't. Gas Dep't.