

111 West Franklin Street Bloomfield, Iowa 52537 Phone: 641-664-2260

Fax: 641-664-2445

Building Permit Application

All fields are required.

-	
	Date
Address of Proposed Construction:	
Property Owner's Name:	
Property Owner's Address:	
Property Owner's Phone Number:	
Property Owner's Email Address:	
Type of Structure: <i>Check all that apply</i> : ☐ House ☐ Story ☐ Basement ☐ Garage ☐ Storage Shed ☐ Pool ☐ Other:	☐ Utility Buiding
Type of Construction: <i>Check all that apply</i> ☐ Wood Frame ☐ Brick Veneer ☐ Solid Brick ☐ Stone Veneer ☐ ☐ Stucco ☐ Other:	Concrete Block
Type of Housing: <i>Check one</i> ☐ Site-Built Home ☐ Manufactured Home ☐ Modular Home ☐ Mo	obile Home
Feet From Property Line To: Must meet minimum requirements	
Front: Back: Left Side: Right S	Side:
Square Footage of Structure:	
Total Height of Structure:	
Estimated Cost:	
City Zone Location:	
Proposed Use of Building:	

The person making the application should be familiar with the City's zoning ordinance.

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Applicants must complete Iowa One Call (811) prior to approval.

Permit expires 90 days from date of approval.

Project must be completed within two years.

Permit must be posted on-site and visible from the street.

Plat of Lot and Description

Give exact measuren	nents of the lot and size and loca	ition of the proposed building b	elow.
Show sizes and locat	ions of other buildings as well as	streets and alleys.	
			_
Affidavit			
-	ve information is true and a corre	ect description of the lot and pr	oposed
construction.			
Signature of Owner:			
Printed Name:			
	t/Contractor:		
_			
Trinted Name.			
	FOR CITY USE ON	ILY	
Approved By:		Date:	
Permit #:	Permit Fee:	Date Paid:	

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