

Building Permit Application

Date _____

*Address of Proposed Construction: 612 Goode St.

*Property Owner's Name: _____

*Property Owner's Address: 27600 Peach Ave

*Property Owner's Phone Number: 563-210-4298

*Property Owner's Email Address: _____

*Type of Structure (Circle all that apply): House Story Basement Garage
Storage Shed Utility Building Other: _____

*Type of Construction (Circle all that apply): Wood Frame Brick Veneer
Solid Brick Stone Veneer Concrete Block Stucco Other: _____

Type of Housing (Circle one): Site-Built Home Manufactured Home Modular Home
Mobile Home

*Feet From Property Line to (Must meet minimum requirements):

Front 250' Back 60'
Left Side 200' Right Side 200'

*Square Footage of Structure: 1000'

*Height of Structure: 10 feet

*Estimated Cost: \$75,000

City Zone Location: R7

****Note: Person making application should be familiar with the City's zoning ordinances****



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

Permit expires 90 days from date of approval.

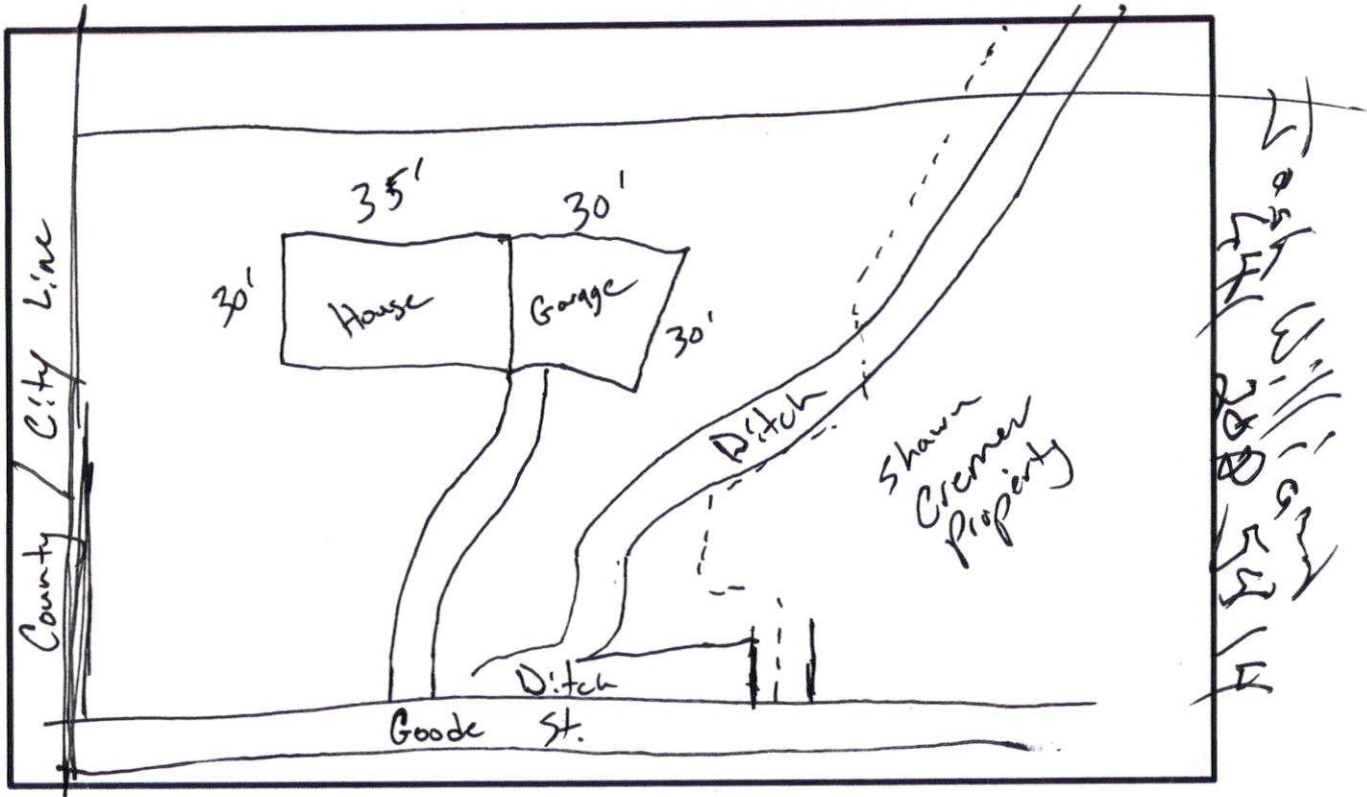
Project must be completed within two years.

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

*Proposed Use of Building: Garage / Storage

Plat of Lot and Description

Give exact measurements of lot, and size, and location of the proposed building below. Show sizes and locations of other buildings as well as streets and alleys.



Affidavit: I certify that the above information is true and a correct description of the lot and proposed construction.

*Signature of Owner: Brenda Williams
* Printed name: _____

*Signature of Architect/Contractor: _____
* Printed name: _____

City Use Only:

Approved By: _____ Date: _____
Permit #: _____ Permit Fee: _____ Date Paid: _____