



Building Permit Application

	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 (Circle all that apply): House Story Base	ement Garage
Storage Shed Utility Building Pool Other:	
*Type of Construction (Circle all that apply): Wood Frame Brid	k Veneer
Solid Brick Stone Veneer Concrete Block Stucco Other	:
Type of Housing (Circle one): Site-Built Home Manufactured H	lome Modular Home
Mobile Home	
*Feet From Property Line to (Must meet minimum requirements)	:
Front Back	
Left Side Right Side	
*Square Footage of Structure:	
*Total Height of Structure:	_
*Estimated Cost:	
City Zone Location:	

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

Revision Date: 04/5/2022

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:			
Plat of Lot and Desc	ription		
		d location of the proposed builts well as streets and alleys.	lding below.
Affidavit: I certify that and proposed constru		true and a correct description	n of the lot
*Signature of Owner	:		
* Printed name:			
City Use Only:			
Approved By:	Permit Fee:	Date: Date Paid:	
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Revision Date: 04/5/2022