

TYPE OF PERMIT: Building Fence Shed Deck Pool Other

ATTACH SITE PLAN, DRAWINGS, AND/OR BUILDING PLANS

JOB SITE		BUILDING SQUARE FOOTAGE	
ADDRESS: _____ NAME: _____ DATE: _____		Level 1 _____ Pool Size _____ Level 2 _____ Deck sqf _____ Bsmt Finished _____ Garage/Shed _____ Bsmt Unfinished _____	
Plat # _____ Lot# _____ Development _____ <div style="display: flex; justify-content: space-around;"> Commercial One-Family Industrial Two-Family Public Multi (No. _____) </div> Property is in a Flood Plain? Yes No MPE _____		DESCRIPTION OF PROJECT:	
Owner	Name _____ Email _____	PERMIT FEES	
	Address _____ Fax No. _____		
	City _____ Telephone No. _____		
	State/Zip _____ Cell No _____		
Contractor	Name _____ Email _____	PROJECT VALUATION FENCE \$ _____ <div style="border: 1px solid black; width: 150px; height: 25px; display: flex; align-items: center; justify-content: center;">\$</div> SHED \$ _____ DECK \$ _____ POOL \$ _____ SIDE 2 \$ _____ TOTAL PERMIT FEE \$ <div style="border: 1px solid black; width: 100px; height: 25px; display: flex; align-items: center; justify-content: center;"></div>	
	Address _____ Fax No. _____		
	City _____ Telephone No. _____		
	State/Zip _____ Cell No _____		
Architect-Engineer	Name _____ Email _____	ADDITIONAL ACKNOWLEDGEMENTS <ul style="list-style-type: none"> Except as provided by law, where any work has been started prior to obtaining this permit, the regular fee shall be doubled. This permit shall expire if work has not commenced or has been abandoned for 120 days. ALL WORK MUST BE INSPECTED. It is the responsibility of the permittee to call for inspections. No work shall be concealed or covered until approved by the inspector. The permittee acknowledges they are proficient in the performance of the work covered by this permit. Return completed application to City Hall. 	
	Address _____ Fax No. _____		
	City _____ Telephone No. _____		
	State/Zip _____ Cell No _____		
SIGNATURE OF OWNER OR AGENT		X _____ DATE: _____	
Sub-Contractors	Company Name: _____ Phone: _____ State Lic. # _____	To schedule an inspection, or have any questions please call Veenstra & Kimm at 515-850-2980. Email: BuildingInspection@v-k.net A 24 hour inspection notice is needed. <input type="checkbox"/> Payment Received Date: _____ Amount: \$ _____ <u>WHEN APPROVED BELOW, THIS BECOMES YOUR PERMIT</u>	
	Company Name: _____ Phone: _____ State Lic. # _____		
	Company Name: _____ Phone: _____ State Lic. # _____		
		ISSUED BY: _____ DATE: _____ BUILDING OFFICIAL	