

BUILDING PERMIT

PERMIT NO. _____

DATE:									
JOB ADDRESS:									
OWNER:									
LEGAL DESCRIPTIO	N:								
ZONE:	ESTIMATED COST:				FEE:				
CONTRACTOR:			ADDRESS			PHONE			
ARCHITECT:			ADDRESS			PHONE			
ENGINEER:			ADDRESS			PHONE			
ELECTRICAL CONTRACT	TOR	PLUMBING (CONTRACTOR		HEAT, VENT	AND A/C C	ONTRACTOR		
USE OF BUILDING:									
USE OF BUILDING/	PROPERTY	IS COMPLI	ANT WITH ZO	NING R	EGULATIO	NS: Y	ES NO		
CLASS OF WORK:	NEW	ADDI	TION ALT	ERATION	N	REPAIR			
DESCRIBE WORK:									
CHANGE OF USE FI	ROM:		CHA	ANGE O	F USE TO:				
SETBACKS:	FRONT -		SIDE -		SIDE -		REAR -		
Type of Const.		Fire Sprinklers Req'd - yes no			SPECIAL APPROVALS				
Occupancy Group		No. Dwelling Units			Energy Review				
Size of Bldg.(Total sq.ft.)		Parking Spaces			Site Plan Review				
No. of Stories		Ftg. Depth		Accessibility			Sidewalks:		
Max. occ. load		Bldg. Height			Airport Zoning				
Permit application must be			of plans and a site	e plan. Ad	lditional inform	nation may be	e required as		
determined by the Building	g and Zoning A	Administrator.							
Separate permits are requauthorized is not commendays at any time after work. I certify that I have read argoverning this type of work to violate or cancel the proinspected before it is conciliated.	ced within 180 c is commence ad examined the c will be complivisions of any	days, or if consed. is application a ed with, whether state or local la	truction or work is nd know the same er specified herein o w regulating consti	to be true or not. The	d or abandone and correct. e granting of a	All provisions	d of 180 s of laws and ordiances not presume to give authority		
	Signature			ature of Applicant			Date:		
		Approved by:					Date:		
220 West Monroe Street, I	pe Street, Mount Pleasant, Iowa 52641 Phone: 319-3				1474	FAX	X 391-385-1466		