

BUILDING PERMITAPPLICATION

1. JOB ADDRESS								
2. Owner Address		e-mail address if you have one				Phone		
			,					
3. Contractor (if other than owner) Address		e-mail address if you have one				Phone		
			•					
4. Architect or Designer	Mail Ado		ress Phone		License No.			
-								
5. Engineer	Mail Add	lress		Phone	License No.		No.	
6. Electrical Contractor	Plumbing Contractor		Не	ating, Vent an	d A/C Contra	actor		
7. Use of Building								
8. Class of work: NEW ADDITIO	N ALTERNAT	TION REPAIR	MOV	E REM	OVE	REMO	DEI	
	ALIEKNAI	IION KEPAIK	MOV	E KEIVI	OVE	KEMO	DEL	
9. Describe work:								
10. Change of use from								
Change of use to								
		ASBESTOS – State	and Feder	al regulation	s require ar	n asbes	tos inspection	
11. Valuation of work: \$ SPECIAL CONDITIONS:	and notification prior to demolition or renovation of commercial, industrial,							
SPECIAL CONDITIONS:	institutional, and public buildings and before demolishing some residential structures. The Owner and/or contractor are responsible for contacting the							
		1			-		_	
	lowa Department of Natural Resources (319-653-2135) regarding asbestos inspection and abatement and supplying proof of such if applicable.							
	_	mspection and abo	accinent ai	ia sappi, iiig	p. 00. 0. 3u	c ap	pricable.	
	Permit # P			Permit Fe	Permit Fee			
NOTICE		Type of	Occupancy		1 crimit i ce			
Separate permits are required for electrical, plumbing, heating,		Const.		Group		Division		
ventilating or air conditioning.		Size of bldg (total) Sq. Ft.		No. of Stories		Max. Occ. Load		
This permit becomes null and void if work on construction authorized is not commenced within 180 days, or if construction or		Fire		Use		Fire Sprinklers		
work is suspended or abandoned for a period of 180 days at any		Zone		Zone		Required Yes No		
time after work is commenced. I hereby certify that I have read and examined this application and		No. of OFFSTREET P Dwelling Units Covered				PARKING SPACES Uncovered		
now the same to be true and correct, all provisions of laws and		Special Approvals	Requ				Not Required	
ordinances governing this type of work will	be complied with,	ZONING						
whether specified herein or not. The granting o		HEALTH DEPT						
presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.		FIRE DEPT						
		SOIL REPORT						
		OTHER:						
0.001777								
Signature of CONTRACTOR or Authorized ager	nt Date							
		SIGNS						
Signature of OWNER (if owner building) Date		PLANNING						
		ENGINEERING						
APPROVED for issuing	Date							

105 E. Third

Ottumwa, Iowa 52501

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