BUILDING PERMIT APPLICATION



128 W. Lincoln Street PO Box 247 Walcott, IA 52773 563-284-6571 x18

FOR OFFICE USE ONLY		
PERMIT NUMBER	PERMIT FEE	
	\$	

PROJECT LOCATION

PROJECT STREET ADDRESS	DATE	
OWNER	CONTRACTOR	
NAME		
ADDRESS		
CITY/STATE/ZIP	CITY/STATE/ZIP	
CONTACT NUMBER	CONTACT NUMBER	
PROJECT DESCRIPTION	ESTIMATED TOTAL COST	
	\$	
	☐ 1 Family ☐ Other Residential	
	☐ 2 Family ☐ Non-Residential	
TYPE OF PROJECT:	□ Addition □ Remodel □ Demolition /Move Building	
	□ Siding □ Fence □ Excavation/Fill □ Swimming Pool	
(
NEW CONSTRUCTION		
	$II(A)$ \Box Type $II(B)$ \Box Type IV \Box Type $V(A)$ \Box Type $V(B)$	
	If yes, list dimensions: Ft. X Ft.	
# of Stories # of Bedrooms # of full Baths	# of ¾ Baths # of ½ Baths	
Foundation Type/Depth	_	
1^{st} Floor SqFt $_$ Finished	Basement SqFt Total Basement SqFt	
Construction Type		
Lot Dimensions XSetbacks: From	ont Left side Right side Rear	
	If yes, please list value: \$ # of heads/valves	
	cal \$ Plumbing \$	
General Construction \$		
.		
ADDITION / REMODEL PERMIT		
	Basement Finishing Attic Conversion Other	
	Carport Concrete Other	
	ront Left side Right side Rear # of Bedrooms # of full Baths # of ¾ Baths # of ½	
Baths # of Windows Driveway Material _		
Is a fire-extinguishing system being installed? Yes		
Value of work: Mechanical \$ Electri		
General Construction \$	_	

ROOFING/SIDING PROJECTS	SIGN PERMIT
Tear Off ?: □ Yes □ No Type of material being used?:	Type of Sign:
□ House □ Garage □ Other # of layers when finish	hed: Will sign be powered?: □ Yes □ No
# of Squares: SqFt of New Sheeting	
DEMOLITION or MOVE BUILDING PERMIT	SWIMMING POOL
Type of structure: # of storie	es: # of Gallons: Depth:
SqFt of structure:	Dimensions or Radius:
Utility Cuts:	Pool is: □ In ground □ Heated
Sewer:/ Water:/	□ Above ground
Electric:/ Gas:/	Barrier required:
	fencelocking ladder
FENCE	other
HeightType of material	
Solid(privacy) or open type	
Solid(privacy) of open type	
★ SIDEWALK	
NewReplacement	
# of sectionsSq. Ft	
IF SKETCH PLAN IS REQUIRED, IT MUST ACCOMPA ALL WORK MUST CONFORM TO THE CO I hereby certify that I have the authority to make the foregoing applicated construction will comply with the applicable ordinances of the City of	ODES OF THE CITY OF WALCOTT ation, that the information given is correct, and that all
Signature of Owner/Contractor:	
FOR OFFICE US	SE ONLY
ZONING APPROVAL AS PER SKETCH PLAN:	DATE:
BUILDING OFFICIAL:	DATE:
DOILDING OFFICIAL.	DATE.