

ACCESSORY STRUCTURE PERMIT APPLICATION



128 W. Lincoln Street
PO Box 247
Walcott, IA 52773

PERMIT NUMBER

PERMIT FEE

_____ -- _____

\$ _____

PROPERTY ADDRESS _____ DATE _____

OWNER

CONTRACTOR

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

CITY/STATE/ZIP _____ CITY/STATE/ZIP _____

CONTACT NUMBER _____ CONTACT NUMBER _____

EMAIL _____ EMAIL _____

ESTIMATED TOTAL COST \$ _____

PROJECT:

Storage Building: Size _____ Material/construction _____
(288 sq. ft. max. allowed)

Pool: Size _____ Above ground or In-ground Barrier description _____

Other: Description and size _____

SITE LAYOUT SKETCH and STRUCTURAL DRAWING/ INFO. IS REQUIRED FOR APPROVAL PRIOR TO RECEIVING PERMIT

Confirming property lines, buried utilities, easements, restrictive covenants, or association requirements are strictly the responsibility of the owner and/or contractor

No structure including, but not limited to, buildings, pools, fences, hedges, bushes, trees, shall be either temporarily or permanently located upon any utility easement or other public easement.

This permit shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced.

ALL WORK MUST CONFORM TO THE CODES OF THE CITY OF WALCOTT

I hereby certify that I have the authority to make the foregoing application, that the information given is correct, and that all construction will comply with the applicable ordinances of the City of Walcott and the State of Iowa.

 **Signature of Applicant:** _____ **Signature of Owner (if not applicant)** _____

FOR OFFICE USE ONLY

ZONING APPROVAL AS PER SKETCH PLAN: _____ DATE: _____

BUILDING OFFICIAL: _____ DATE: _____