

# 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	PERMIT DATE
-	\$	/ /

## PROJECT LOCATION

PROJECT STREET ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

## OWNER

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

## CONTRACTOR

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

## PROJECT DESCRIPTION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ESTIMATED TOTAL COST

\$ \_\_\_\_\_

1 Family     Other Residential

2 Family     Non-Residential

**TYPE OF PROJECT :**     New Structure     Addition     Remodel     Deck     Demolition

(Drawings may be required)     Roofing     Siding     Sign     Sidewalk     Move Building

## ★ NEW CONSTRUCTION

Building Type:     Type I(A)     Type I(B)     Type II(A)     Type II(B)     Type IV     Type V(A)     Type V(B)

Occupancy Type: \_\_\_\_\_    If deck, list dimensions: \_\_\_\_\_ Ft. X \_\_\_\_\_ Ft. or SqFt \_\_\_\_\_

# of Stories \_\_\_\_\_ # of Bedrooms \_\_\_\_\_ # of full Baths \_\_\_\_\_ # of 3/4 Baths \_\_\_\_\_ # of 1/2 Baths \_\_\_\_\_

Foundation Type \_\_\_\_\_    Depth / dimension from finish grade to bottom of footing \_\_\_\_\_

1<sup>st</sup> Floor SqFt \_\_\_\_\_    2<sup>nd</sup> Floor SqFt \_\_\_\_\_    Finished Basement SqFt \_\_\_\_\_    Total Basement SqFt \_\_\_\_\_

Construction Type \_\_\_\_\_

Lot Dimensions \_\_\_\_\_ X \_\_\_\_\_    Setbacks: Front \_\_\_\_\_ Left side \_\_\_\_\_ Right side \_\_\_\_\_ Rear \_\_\_\_\_

Fire-extinguishing system being installed?  Yes     No    If yes, please list value: \$ \_\_\_\_\_ # of heads/valves \_\_\_\_\_

Value of work: Mechanical \$ \_\_\_\_\_    Electrical \$ \_\_\_\_\_    Plumbing \$ \_\_\_\_\_

General Construction \$ \_\_\_\_\_

## ★ ADDITION / REMODEL PERMIT

Type of Remodel:     Windows     Kitchen     Bathroom     Basement Finishing     Attic Conversion     Other \_\_\_\_\_

Type of Addition:     Deck or Porch     Room Addition     Carport     Driveway     Other \_\_\_\_\_

For Addition list the applicable setback dimensions:    Front \_\_\_\_\_ Left side \_\_\_\_\_ Right side \_\_\_\_\_ Rear \_\_\_\_\_

Addition or Remodel Size: SqFt \_\_\_\_\_    # of Bedrooms \_\_\_\_\_    # of full Baths \_\_\_\_\_    # of 3/4 Baths \_\_\_\_\_    # of 1/2 Baths \_\_\_\_\_

Driveway Material \_\_\_\_\_

Is a fire-extinguishing system being installed?  Yes     No    If yes, please list value: \$ \_\_\_\_\_

Value of work: General Construction \$ \_\_\_\_\_    Mechanical \$ \_\_\_\_\_    Electrical \$ \_\_\_\_\_    Plumbing \$ \_\_\_\_\_

**CONTINUED ON BACK**

★ **ROOFING/SIDING PROJECTS**

Tear Off?:  Yes  No Type of material being used?: \_\_\_\_\_

House  Garage  Other \_\_\_\_\_ # of layers when finished: \_\_\_\_\_

# of Squares: Roof \_\_\_\_\_ Siding \_\_\_\_\_

SqFt of New Sheeting \_\_\_\_\_

★ **DEMOLITION or MOVE BUILDING PERMIT**

Type of structure: \_\_\_\_\_

# of stories: \_\_\_\_\_ SqFt of structure: \_\_\_\_\_

**Utility Cuts:**

Sewer: \_\_\_\_/\_\_\_\_/\_\_\_\_ Water: \_\_\_\_/\_\_\_\_/\_\_\_\_

Electric: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gas: \_\_\_\_/\_\_\_\_/\_\_\_\_

★ **SIDEWALK**

\_\_\_\_ New \_\_\_\_ Replacement

# of sections \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

★ **SIGN PERMIT**

Type of Sign: \_\_\_\_\_

Will sign be powered?:  Yes  No

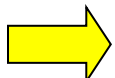
Dimensions: \_\_\_\_\_ X \_\_\_\_\_

★ **OTHER**

**IF CONSTRUCTION DRAWINGS AND/OR A SITE LAYOUT SKETCH ARE REQUIRED, THEY MUST BE SUBMITTED WITH THIS APPLICATION TO OBTAIN A PERMIT.**

**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 Owner/Contractor:** \_\_\_\_\_  
(signature of both the Contractor and the Owner may be required)

**FOR OFFICE USE ONLY**

ZONING APPROVAL AS PER SKETCH PLAN: \_\_\_\_\_ DATE: \_\_\_\_\_

BUILDING OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_