## **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

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PROJECT LOCATION		
PROJECT STREET ADDRESS	DATE	
OWNER	CONTRACTOR	
NAME	NAME	
ADDRESS	ADDRESS	
CITY/STATE/ZIP		
CONTACT NUMBER		
PROJECT DESCRIPTION		D TOTAL COST
		☐ Other Residential
	☐ 2 Family	☐ Non-Residential
NEW CONSTRUCTION  Building Type: □ Type I(A) □ Type I(B) □ Type II(A)  Is this an accessory building or garage? □ Yes □ No If ye  # of Stories # of Bedrooms # of full Baths  Foundation Type/Depth  1st Floor SqFt 2nd Floor SqFt Finished Base  Construction Type  Lot Dimensions X Setbacks: Front  Fire-extinguishing system being installed? □ Yes □ No If ye	Ft. > # of ¾ Baths # of ½ Baths  ment SqFt Total Basement SqFt Left side Right side s, please list value: \$ # of h	K Ft Ft Rear neads/valves
Value of work: Mechanical \$ Electrical \$ General Construction \$	Plumbing \$	<del></del>
ADDITION / REMODEL PERMIT  Type of Remodel:   Windows   Kitchen   Bathroom   Base	ment Finishing $\Box$ Attic Conversion $\Box$ O	ther
Type of Addition: □ Deck or Porch □ Room Addition □	-	
Lot Dimensions X Setbacks: Front _		
Addition Dimensions:X # Baths # of Windows Driveway Material		# of 3/4 Baths # of 1/2
Is a fire-extinguishing system being installed? ☐ Yes ☐ No	<del></del>	
Value of work: Mechanical \$ Electrical \$	· -	
General Construction \$	174monig #	

# of Squares:	ROOFING/SIDING PROJECTS	SIGN PERMIT
# of Squares:	Tear Off ?: □ Yes □ No Type of material being used?:	Type of Sign:
# SWIMMING POOL  # of structure:	□ House □ Garage □ Other # of layers when fire	inished: Will sign be powered?: □ Yes □ No
Type of structure:	# of Squares: SqFt of New Sheeting	
SqFt of structure:  Utility Cuts:  Sewer:/_/_ Water:/  Electric:/_/_ Gas:/_/_  FENCE  HeightType of material  Solid(privacy) or open type  SIDEWALK  NewReplacement  # of sectionsSq. Ft  IF SKETCH PLAN IS REQUIRED, IT MUST ACCOMPANY APPLICATION TO OBTAIN PERMIT.  ALL WORK MUST CONFORM TO THE CODES OF THE CITY OF WALCOTT  Thereby 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:  FOR OFFICE USE ONLY  ZONING APPROVAL AS PER SKETCH PLAN: DATE:	DEMOLITION or MOVE BUILDING PERMIT	★ SWIMMING POOL
Utility Cuts:    Sewer:/ _	Type of structure: # of st	tories: # of Gallons: Depth:
Sewer:	SqFt of structure:	Dimensions or Radius:
Electric:/ Gas:/ Barrier required:fencelocking ladder other other below ther solid(privacy) or open type   SIDEWALK New Replacement # of sections Sq. Ft   IF SKETCH PLAN IS REQUIRED, IT MUST ACCOMPANY APPLICATION TO OBTAIN PERMIT.  ALL WORK MUST CONFORM TO THE CODES OF THE CITY OF WALCOTT   Thereby 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: DATE: DATE: DATE:	Utility Cuts:	Pool is: □ In ground □ Heated
FENCE  Height Type of material  Solid(privacy) or open type  SIDEWALK  NewReplacement # of sections Sq. Ft  IF SKETCH PLAN IS REQUIRED, IT MUST ACCOMPANY APPLICATION TO OBTAIN PERMIT.  ALL WORK MUST CONFORM TO THE CODES OF THE CITY OF WALCOTT  Thereby 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:  FOR OFFICE USE ONLY  ZONING APPROVAL AS PER SKETCH PLAN: DATE:	Sewer:/ Water:/	□ Above ground
FENCE  Height Type of material  Solid(privacy) or open type  \$\frac{\text{SIDEWALK}}{\text{SIDEWALK}} \\ New Replacement  # of sections Sq. Ft  IF SKETCH PLAN IS REQUIRED, IT MUST ACCOMPANY APPLICATION TO OBTAIN PERMIT.  \$\frac{\text{ALL WORK MUST CONFORM TO THE CODES OF THE CITY OF WALCOTT}}{\text{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.  \$\text{Signature of Owner/Contractor:}  \text{DATE:}  \text{DATE:} \qu	Electric:/ Gas:/	Barrier required:
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