

City of West Union, Iowa
Application for Building Permit
(All questions must be completed before submitting.)

Applicant _____ Date _____

Home Phone _____ Application Number _____

Address of Proposed Construction _____

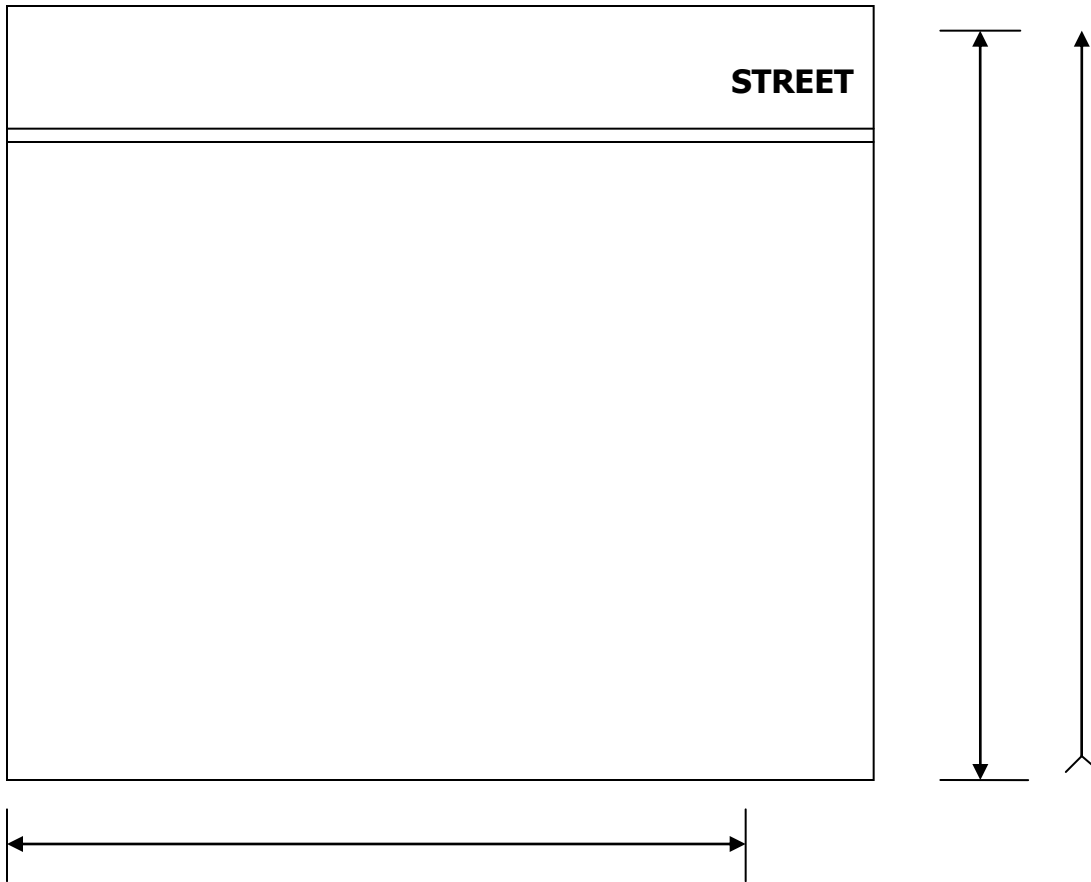
I hereby request a permit to: _____ build/ _____ alter buildings or structures on the following described premises:

(Give legal description of property) _____

(Legal description must be provided before a permit can be issued)

Describe the improvements that are proposed: _____

Using the lot lines below and the top of the sketch for the front or street side, show street, location of the sewer and water lines. Show any existing buildings and proposed buildings to be erected. Put in all dimensions, lot size, new building size and distance of all buildings from the lot lines. This does not need to be drawn to scale. Proposed new structures must be staked out on lot to allow the Zoning Administrator to check measurements prior to a permit being issued.



Size of lot _____ x _____ Zoning Classification _____

Height of Proposed Construction _____

(Must be provided)

Note: If proposed improvement is to be constructed with an over-hang, measurements from lot lines must be taken from over-hang, not from the wall of the structure.

Front Yard Footage _____ Rear Yard Footage _____

_____ Side Yard Footage _____ Side Yard Footage _____

Use: _____ Residential _____ Commercial _____ Other

Type of Construction: _____ Frame _____ Brick _____ Block _____ Other

Foundation Type: _____ Concrete _____ Block _____ Other

Basement: _____ Full _____ Half _____ None

Sanitary Sewer Available: _____ Yes _____ No Water Available: _____ Yes _____ No

Will any signs be erected as part of this construction: _____ Yes _____ No

Will off street parking be provided: _____ Yes _____ No - Number of off street parking spaces that will be provided: _____
(If applicable) (If applicable)

Will off street loading be provided: _____ Yes _____ No
(If applicable)

Estimated cost of improvements: \$ _____

Estimated Starting Date of Construction: _____ Estimated Completion Date of Construction: _____
(See information on the bottom of page 3)

Principal Use of Construction: _____

Accessory Use of Construction: _____

Other Information: _____

Name of General Contractor: _____

Contractor's Address: _____

Contractor's Iowa Division of Labor Services Registration Number: _____

(Must provide proof of valid registration before permit can be issued.)

Will any sub-contractors be used on this project? _____ Yes _____ No

If yes, provide separate sheet with above information for all sub-contractors on project: plumbing, heating, air conditioning, concrete, excavating, painting, dry wall, etc. Valid registration must be provided for all sub-contractors before permit can be issued.

Utility Information

1. Will there be a sump pump installed as part of this construction? _____ Yes _____ No
If yes, where will it be discharged? _____

2. Will there be drainage tile installed as part of this construction? _____ Yes _____ No
If yes, where will it be discharged? _____

3. Will there be a connection made to the water system as part of this construction? _____ Yes _____ No
If yes, do you intend to use an existing water connection or make a new connection?
_____ Existing _____ New

4. If installing a water service line, what size and type of pipe will be used? Type _____ Size _____

5. Will there be a connection made to the sanitary sewer system? _____ Yes _____ No
If yes, do you intend to use an existing water connection or make a new connection?
_____ Existing _____ New

6. If installing a sewer service line, what size and type of pipe will be used? Type _____ Size _____

This information will be reviewed and must be approved by the Superintendent of Utilities prior to the approval of the building permit.

Date reviewed by the Superintendent of Utilities: _____

Approved _____ Disapproved _____

Special remarks: _____

Signature of Superintendent of Utilities: _____

Will project require a "Storm Water Management Plan"? _____ Yes _____ No

If yes, has a plan been submitted and approved? _____ Yes _____ No

All applications involving activity within zoning district classified as residential must complete the following information:

TOTAL SQUARE FOOTAGE OF LOT: _____ square feet

SQUARE FOOTAGE OF ALL EXISTING STRUCTURES ON LOT:

Principal structure: _____ square feet

Accessory structure #1 _____ square feet

Accessory structure #2 _____ square feet

Accessory structure #3 _____ square feet

TOTAL OF EXISTING STRUCTURES: _____ square feet

Size of proposed construction: _____ square feet

TOTAL OF EXISTING & PROPOSED STRUCTURES: _____ square feet

Percent of lot that will be occupied by existing and proposed structures: _____ %

I certify that the above information is true and correct and that the new structure(s) complies with all provision of the city's zoning regulations, and no subsequent modifications shall be made to the structure, use, method or operation that would be in violation of the zoning regulations of the city.

Signed: _____
(Applicant)

DATE REVIEWED BY CITY ADMINISTRATOR: _____

Application will require a zoning variance: YES NO

DATE APPROVED BY CITY ADMINISTRATOR: _____

Permit Fee: _____

Date applicant paid for permit: _____

NOTE

AN APPROVED STORM WATER MANAGEMENT PLAN
MIGHT BE REQUIRED BEFORE A BUILDING PERMIT CAN BE ISSUED.

*Any construction compliance certificate in which no construction work has been commenced within six (6) months after the date of issue of said permit or under which the proposed construction, reconstruction or alteration has not been completed within two (2) years of the date of issue, shall expire by limitation; and no work or operation shall take place under such permit after such expiration. A construction compliance certificate may be once extended for a period not exceeding six (6) months by the City Administrator.