

APPLICATION FOR BUILDING PERMIT

PLEASE TYPE OR PRINT LEGIBLY

DATE OF APPLICATION: _____, 20____

APPLICANT: _____

_____, _____, _____, _____
(STREET ADDRESS) (CITY) (STATE) (ZIP)
 PHONE: (____)____-____ (____)____-____
HOME BUSINESS

CURRENT PROPERTY OWNER: _____

ADDRESS INFORMATION			
SEC: _____	TWP: _____	RANGE: _____	STREET: _____
SIDE OF ROAD: _____	NORTH: _____	SOUTH: _____	EAST: _____ WEST: _____
NEW ADDRESS: _____		MAIL DISTRICT: _____	
CHECKED BY: _____		DATE: _____	

USE CODE		
1. NEW HOME (MANUFACTURED OR ON SITE)	4. UTILITIES (RADIO TOWER, WATER TOWER, ECT.)	7. STORAGE BUILDING
2. MOBILE HOME (SINGLE OR DOUBLE)	5. BARN	8. MISCELLANEOUS
3. SHED / POLE BARN	6. ADDITION (HOME /OTHER)	9. INDUSTRIAL

STRUCTURE DESCRIPTION	
GENERAL CONTRACTOR: _____	PHONE: _____
DEMOLISH EXISTING STRUCTURE <input type="checkbox"/>	NEW <input type="checkbox"/> ALTERATION <input type="checkbox"/> ADDITION <input type="checkbox"/>
NUMBER OF BEDROOMS _____	NUMBER OF FLOORS: _____ above ground
LOT SIZE _____	SIZE (STRUCTURE) _____ LENGTH X WIDTH
BASEMENT: Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/>	SIZE _____ LENGTH X WIDTH
GARAGE: ATTACHED <input type="checkbox"/> DETACHED <input type="checkbox"/>	SIZE _____ LENGTH X WIDTH

ELECTRICAL (REPAIR OR MAINTENANCE)			
CLASS OF WORK: ADDITION <input type="checkbox"/>	ALTERATION <input type="checkbox"/>	MOVE <input type="checkbox"/>	REMOVE <input type="checkbox"/>
ESTIMATED COST INCLUDING LABOR _____	STATE LICENSED _____	CLASS _____	NUMBER _____ EXPIRATION _____
DESCRIBE WORK BEING DONE _____	_____	_____	_____

PLUMBING (REPAIR OR MAINTENANCE)			
CLASS OF WORK: ADDITION <input type="checkbox"/>	ALTERATION <input type="checkbox"/>	MOVE <input type="checkbox"/>	REMOVE <input type="checkbox"/>
ESTIMATED COST INCLUDING LABOR _____	_____	_____	_____
DESCRIBE WORK BEING DONE _____	_____	_____	_____

MECHANICAL (REPAIR OR MAINTENANCE)

CLASS OF WORK: ADDITION ALTERATION MOVE REMOVE

ESTIMATED COST INCLUDING LABOR _____

DESCRIBE WORK BEING DONE _____

PERMIT FEES

SUBDIVISION: _____ HOME OCCUPATION PERMIT: _____ RV PERMIT: _____

SPECIAL USE: _____ ON-SITE WASTEWATER: _____ PERK TEST: _____

MECHANICAL: _____ ELECTRICAL: _____ PLUMBING: _____

BUILDING PERMIT: _____

TOTAL FEES: _____

NOTICE: This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

The undersigned applicant certifies that the foregoing information is true and correct to the best of their ability and knowledge. **By signing, the owner hereby gives Wapello County permission to enter upon premises to perform all inspections required under Chapter 43, Wapello County Construction Codes.**

An Occupancy Permit MUST be issued before applicant is allowed to use or occupy building/structure. A \$100.00 re-inspection fee will be charged for violating the Wapello County Construction Code and the current IRC.

DATE: _____
_____ APPLICANT

DATE: _____
OWNER OR LEGAL AUTHORIZED REPRESENTATIVE

APPROVED BY BUILDING OFFICIAL

DATE: _____