



**Polk County Public Works**  
 5885 NE 14<sup>th</sup> Street  
 Des Moines, IA 50313  
 Phone: 515-286-3705

[Fee Schedule](#)

Email: [publicworks@polkcountyiowa.gov](mailto:publicworks@polkcountyiowa.gov)

**Fence & Retaining Wall Permit Application and Checklist**

**Please Allow 5 – 7 Business Days for Permit Review and Approval**

JOB SITE ADDRESS:	GEO PARCEL:
OWNER:	PHONE:
ADDRESS (City, State, Zip):	
EMAIL:	
CONTRACTOR:	PHONE:
COMPANY ADDRESS (City, State, Zip):	
EMAIL:	

Height of proposed fence or retaining wall \_\_\_\_\_ Valuation \_\_\_\_\_

**Checklist of items to be filled out or completed prior to submitting application packet:**

- Permit Application and Checklist
- Detailed Site Plan Drawing
- Proposed Fence or Retaining Wall Location Staked
- Valuation
- Engineering Specs for Retaining Wall, if applicable

**Stipulations:**

- **Retaining walls** that are not laterally supported at the top and that retain in excess of 48 inches of unbalanced fill shall be structurally designed by the manufacturer and approved by an Iowa Licensed Engineer to ensure stability against overturning, sliding, excessive foundation pressure and water uplift.
  - Retaining walls shall be designed for a safety factor of 1.5 against lateral sliding and overturning.
  - Retaining walls shall be set back from property lines by a minimum height to setback distance ratio of 1:1.5.
    - Walls proposed to be located closer than the 1:1.5 setback distance ratio shall provide an Iowa Licensed Engineer stamped design.
- No construction shall start until the permit is issued.
- All work must be permitted prior to inspections.
- Unresolved zoning, subdivision, floodplain and/or health items may delay the issuance of any permit. No structure should be used or occupied until the Certificate of Occupancy/Use is issued.
- If an electrical, mechanical or plumbing permit is needed, they must be applied for separately by a State licensed contractor.

**The undersigned hereby makes application to perform work as described herein:**

I understand work must commence within 180 days from the permit issuance date and be completed and inspected within one year from the issuance date or this permit will be null and void.

**I understand all work must be inspected and approved by Polk County prior to concealing any installation and I must call for the final inspection (515-286-3705).**

I understand that a Certificate of Compliance or Certificate of Occupancy/Use is required in accordance with applicable codes and ordinances.

I have included all of the above checked items and I understand that all of the items listed above must be reviewed and fees paid before a permit will be issued.

I understand that construction work cannot begin until the building permit has been issued.

All information supplied by me is true and correct and to the best of my knowledge and belief.

\_\_\_\_\_  
Print Name

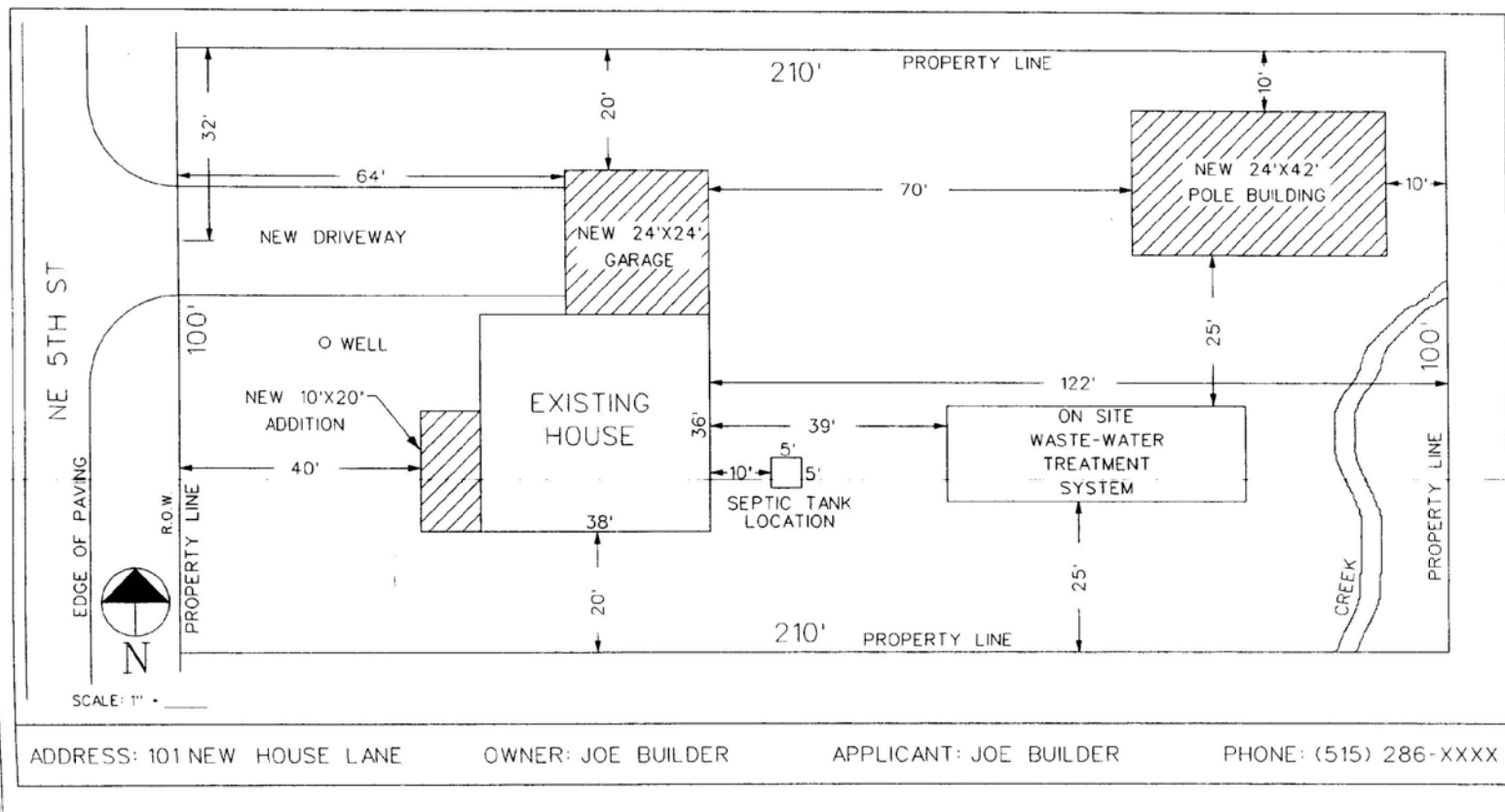
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# RESIDENTIAL SITE PLAN INSTRUCTIONS

## Required Information:

1. Specify Site Address and Owner's Name.
2. Specify Name and Phone Number of person furnishing Site Plan information.
3. All streets must be identified.
4. Indicate Lot Dimensions.
5. All structures, existing and proposed, must be shown on the Site Plan. Dimensions of and distances to all lot lines from existing/proposed buildings must be indicated as well as distances between all proposed/and existing structures.
6. Indicate location of and distance to property entrance(s), existing and/or proposed. Dimensions from corner of property to center of drive should be indicated.
7. Indicate location of and distance to existing and proposed septic tank(s) and/or on site waste-water treatment system(s), if possible.
8. Indicate location of ponds, streams, drainage ways, and/or ravines. All physical features must be shown.
9. Identify North Directional Arrow and indicate scale of site plan.



ADDRESS: 101 NEW HOUSE LANE

OWNER: JOE BUILDER

APPLICANT: JOE BUILDER

PHONE: (515) 286-XXXX

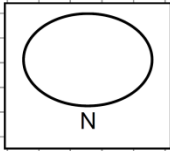
Polk County Public Works – Detailed Site Plan Drawing

SITE ADDRESS: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S PHONE: \_\_\_\_\_



**INSTRUCTIONS TO APPLICANT**

Specify Site Address and Owner's Name.

Specify Name and Phone Number of person furnishing Site Plan information.

all streets must be identified.

Indicate lot dimensions.

All structures, existing and proposed, must be shown on the Site Plan. Dimensions of and distances to all lot lines from existing/proposed buildings must be indicated as well as distances between all proposed/and existing structures.

Indicate location of and distance to property entrance(s), existing and/or proposed. Dimensions from corner of property to center of drive should be indicated.

Indicate location of and distance to existing and proposed septic tank(s) and/or on site waste-water treatment system(s) and if applicable geothermal heat pumps.

Indicate location of ponds, streams, drainage ways, and/or ravines. All physical features must be shown.

Identify North Directional Arrow and indicate scale of Site Plan.

I, WE CERTIFY THAT THE PROPOSED CONSTRUCTION WILL CONFORM TO THE DIMENSIONS AND USES SHOWN ABOVE AND THAT NO CHANGES WILL BE MADE WITHOUT FIRST OBTAINING APPROVAL.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

