



Polk County Public Works
 5885 NE 14th Street Des Moines, IA 50313
 (515) 286-3352

BLDR _____ 20__ - _____

Residential Building Permit Application

PLEASE PRINT

JOB SITE ADDRESS: _____ TOWNSHIP: _____

GeoParcel: _____ - _____ - _____ - _____ District Parcel: _____ - _____ - _____ - _____

OWNER: _____ PHONE: (_____) _____ - _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

CONTRACTOR: _____ PHONE: (_____) _____ - _____

COMPANY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

Description of proposed building: - (please describe proposed building project)

Proposed use: - (please state the use of proposed building)

Is any portion of the proposed building to be used for commercial or other business activities? Yes / No

Height of proposed building to peak _____ Total # of bedrooms _____
 (please circle one of the choices below)

NEW	ADD/ALT	MOVE-ON	DEMO	OTHER
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Fill in the square footage of proposed building in appropriate row

	Square Feet	Rate	Valuation
Unfinished Basement			
Finished Basement			
1 st Floor			
2 nd Floor			
Garage			
Deck, etc.			
Addition			
Accessory Structure			

- ____ Entrance Permit
 - ____ Septic Permit
 - ____ Geothermal
 - ____ Sewer Permit
- Water Source:
- ____ Well
 - ____ Public _____

TOTAL VALUATION	
PERMIT FEE	
MOVE-ON	
TOTAL BUILDING	
SEPTIC PERMIT FEE	
GEOHERMAL FEE	
ENTRANCE PERMIT FEE	
TOTAL FEE	

Work must commence within 180 days from permit issuance date, and be completed and inspected within one year from the permit issuance date, or the building permit will be null and void. I understand **all work must be inspected and approved by Polk County** prior to concealing any installation and that I must call for a final inspection. I further understand that a Certificate of Compliance or Certificate of Occupancy/Use is required in accordance with applicable codes and ordinances.

____ I affirm I am the owner or licensed contractor of this property and I am building the structure for the above stated use. I affirm that the work described in this application is accurate and correct to the best of my knowledge and belief. I hereby acknowledge that I have read this permit and state that the above information is correct, and agree to comply with all ordinances and state and federal laws regulating activities covered by this permit.

Date

Signature

Building Spec Sheet

Job Address: _____

Type of Use (Including size): _____

1. Footings: (42" minimum frost depth)

Depth below grade: _____

Size of footing or trench: _____

Size and type of reinforcement: _____

2. Foundation wall: (footing tiles to be placed beside footing and in each egress window)

Thickness and type: _____

Type of waterproofing: _____

Spacing of anchor bolts: (1/2" dia. Min.) _____

3. Slab system: (structural only)

Thickness of slab: _____

Type of reinforcement: _____

Spacing of anchor bolts: (1/2" dia. min.) _____

4. Floor framing: (list size and grade of lumber)

Size of support beam(s): _____

Spacing of support beam posts: _____

Size, span and spacing of floor joist: _____

Type of floor sheathing: _____

5. Wall framing: (list size and grade of lumber)

Size and spacing of wall studs: _____

Type of wind bracing: _____

Double Top Plates Required

Thickness and type of insulation: _____

Type of siding: _____

Type of interior wall covering: _____

6. Roof and ceiling: (List size and grade of lumber)

Size, span and spacing of ceiling joists: _____

Size, span and spacing of roof rafters: _____

Truss rafters: **Must provide design data from manufacturer**

Thickness and type of insulation: _____

Type of ceiling covering: _____

Type of attic ventilation: _____

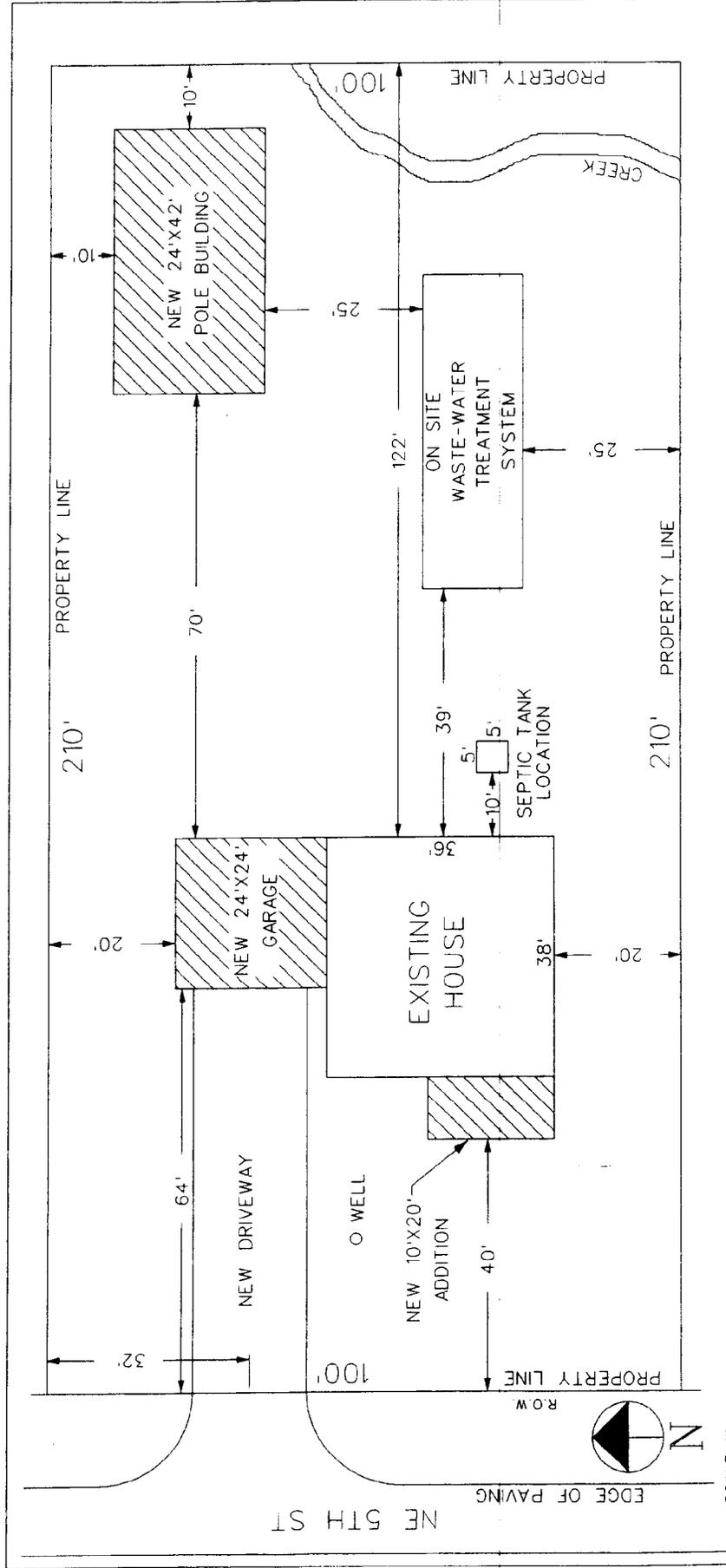
Comments/ Additional Information _____

Questions or to schedule inspections after the permit is issued 286-3352

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.



SCALE: 1" = 10'

ADDRESS: 101 NEW HOUSE LANE OWNER: JOE BUILDER APPLICANT: JOE BUILDER PHONE: (515) 286-XXXX

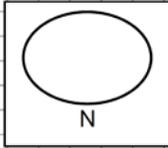
Polk County Public Works – Site Plan Worksheet

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 _____

