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

APPLICATION FOR BUILDING PERMIT

BLD 20___ ___-_____

PLEASE PRINT
JOB SITE ADDRESS: _____ TOWNSHIP: _____

OWNER: _____ PHONE: (_____) _____ - _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTRACTOR: _____ PHONE: (_____) _____-_____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LEGAL DESCRIPTION:

District/Parcel: _____-_____-_____-_____	Twnshp:	Sec:	Ran:

DESCRIPTION OF WORK:

NEW	ADD/ALT	MOVE-ON	DEMO	OTHER

NUMBER OF STORIES:		NUMBER OF EXIST BLDGS:	
NUMBER OF BEDROOMS:		NUMBER OF EMPLOYEES:	
HEIGHT OF BLD TO PEAK:		PARKING REQUIRED:	YES_____NO _____
ACCESSORY DIMENSIONS:			

VALUATION:

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

	TOTAL VALUATION	
_____ Entrance Permit	**PERMIT FEE**	
_____ Septic Permit	**FIRPL**	
_____ Geothermal	**RES CHECK**	
_____ Sewer Permit	**MOVE-ON**	
	PLAN REVIEW FEE 65% OF BLDG PERMIT FEE	
Water Source:	**TOTAL BUILDING**	
_____ Well	**SEPTIC PERMIT FEE**	
_____ Public _____	**GEOTHERMAL FEE**	
Has Property Been Staked? _____	**ENTRANCE PERMIT FEE**	
	TOTAL FEE	

_____I affirm I am the owner of this property and I am building the structure for my own use, and further that such property will not be offered for sale within one year from the date of occupancy. I affirm that the work described in this application is accurate and correct to the best of my knowledge and belief.

_____I affirm I am a licensed contractor. My license is in full force and effect and I understand the work described herein in this application is accurate and correct to the best of my knowledge and belief.

I understand that 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 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**_____ _____**Date**_____
Contractor's Name/Signature **Applicant or Owner's Name/Signature**