



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

Commercial 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 project)

Proposed use: - (please state the use of proposed building and site if different)

(please circle one of the choices below)

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

	Square Feet	Rate	Valuation
Commercial/ Industrial Building 1 st Floor			
2 nd Floor			
Mezzanine			
Canopy			
Addition			
Accessory Structure			
Other: _____			
		TOTAL VALUATION	
		PERMIT FEE	
		PLAN REVIEW FEE (65%)	
		TOTAL BUILDING	
		SEPTIC PERMIT FEE	
		GEOHERMAL FEE	
		ENTRANCE PERMIT FEE	
		TOTAL FEE	

<input type="checkbox"/> Entrance Permit <input type="checkbox"/> Septic Permit <input type="checkbox"/> Geothermal <input type="checkbox"/> Sewer Permit Water Source: <input type="checkbox"/> Well <input type="checkbox"/> Public _____

____ I affirm I am the owner of this property and I am building the structure for 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 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.

 Contractor's Name/Signature Date

 Applicant or Owner's Name/Signature Date