



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

**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)**

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

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(please circle one of the choices below)

NEW	ADD/ALT	MOVE-ON	DEMO	OTHER
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Height of Proposed Building?	
Is the proposed building(s) staked?	Yes / No

**Fill in the square footage of proposed building in appropriate row**

	Square Feet	Rate	Valuation
Unfinished Basement			
Finished Basement			
1 <sup>st</sup> Floor			
2 <sup>nd</sup> Floor			
Garage			
Deck, etc.			
Addition			
Accessory Structure			
		<b>TOTAL VALUATION</b>	
		<b>PERMIT FEE</b>	
		<b>FIRPL</b>	
		<b>RES CHECK</b>	
		<b>MOVE-ON</b>	
		<b>TOTAL BUILDING</b>	
		<b>SEPTIC PERMIT FEE</b>	
		<b>GEOHERMAL FEE</b>	
		<b>ENTRANCE PERMIT FEE</b>	
		<b>TOTAL FEE</b>	

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

\_\_\_\_ 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.

\_\_\_\_\_  
 Contractor's Name/Signature Date

\_\_\_\_\_  
 Applicant or Owner's Name/Signature Date