Polk County Public Works

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

Addition to Single Family Home Permit Checklist

Project Address: _____

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

_____ Building Permit Application

_____ Detailed Site Plan drawing

_____ Detailed Construction Plans – 2 sets

_____ Staked - Proposed building addition staked on the property

Is the property on septic system? Y / N

Are you adding bedrooms? Y / N

(If yes to above questions, a new or expanded septic system may be required If a new system is needed or current one needs to be expanded, applicant must complete Application for Onsite Wastewater Treatment Disposal System. Please contact Public Works a 286-3705 to find out the requirements and capacity of your current system.)

Is the property on sanitary sewer? Y / N.

Are you adding Geothermal? Y / N. (If yes well permit (if applicable) for vertical geothermal wells. Permit not required for horizontal system

Notice: All electrical, mechanical and plumbing permits must be applied for separately. All work must be permitted prior to inspections.
Unresolved Zoning, Subdivision, Floodplain, Health items may delay the issuance of any permit. No construction shall start until the permit is issued. No structure should be used or occupied until the certificate occupancy is issued.

Contractor/ Owner/Applicant Statement:

I have included all of the above checked items and I understand that that all the items listed above must be reviewed and fees paid before a permit will be issued. I further understand that construction work cannot begin until the building permit has been issued. All the information supplied by me is true and correct to the best of my knowledge and belief.

_____ _____ _____
Print Name Signature Date

Email: _____ Phone# _____

(Permit will be sent to email address provided)

BLDR _____2014-_____

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(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)

_____

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

Fill in the square footage of proposed building in appropriate row

	Square Feet	Rate	Valuation
Unfinished Basement			
Finished Basement			
1st Floor			
2nd Floor			
Garage			
Deck, etc.			
Addition			
Accessory Structure			
		TOTAL VALUATION	
		PERMIT FEE	
		MOVE-ON	
		TOTAL BUILDING	
		SEPTIC PERMIT FEE	
		GEOTHERMAL FEE	
		ENTRANCE PERMIT FEE	
		TOTAL FEE	

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

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 <u>beside</u> 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: _____

   <u>Double Top Plates Required</u>

   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: **<u>Must provide design data from manufacturer</u>**

   Thickness and type of insulation: _____

   Type of ceiling covering: _____

   Type of attic ventilation: _____

<u>Comments/ Additional Information</u> _____

_____

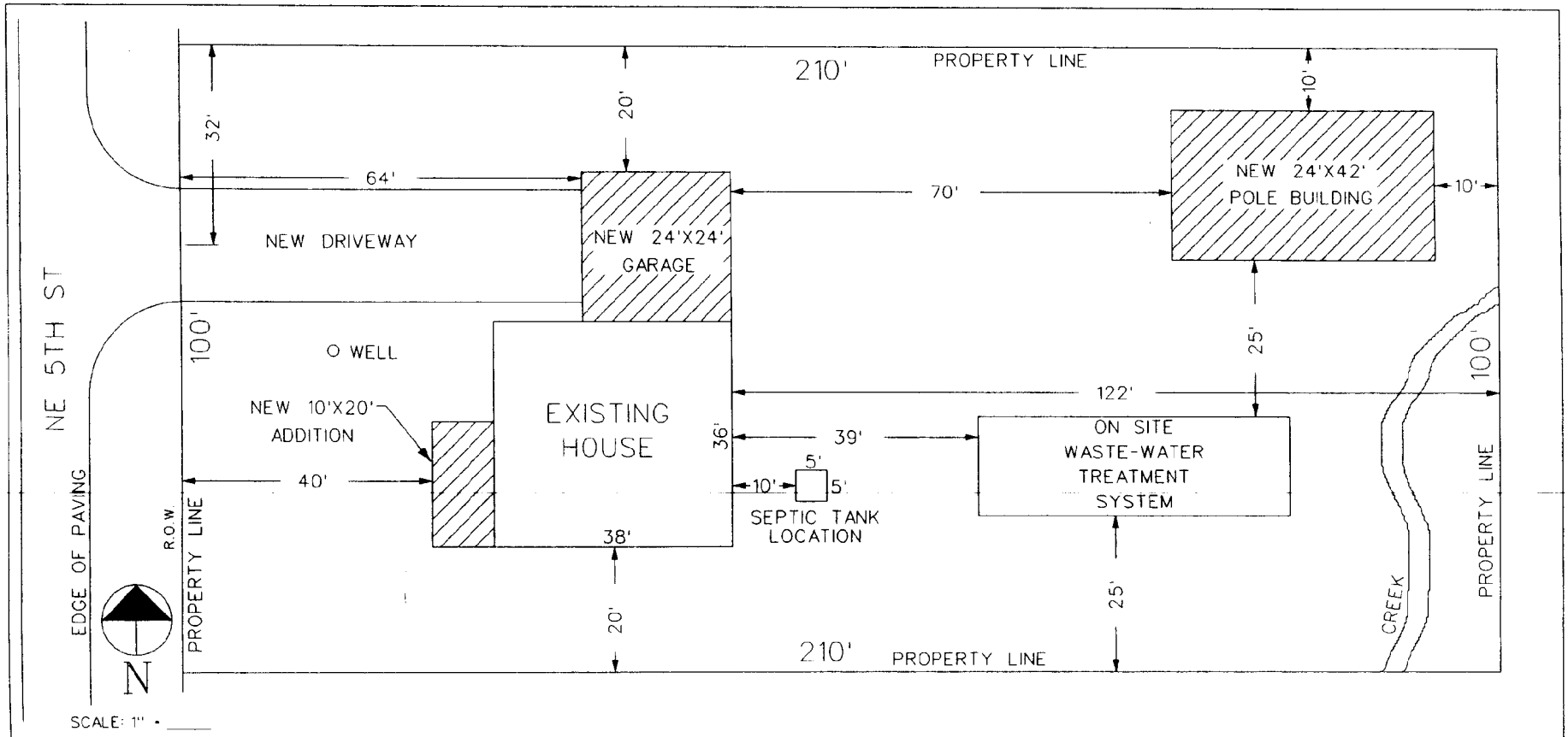
_____

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.



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.

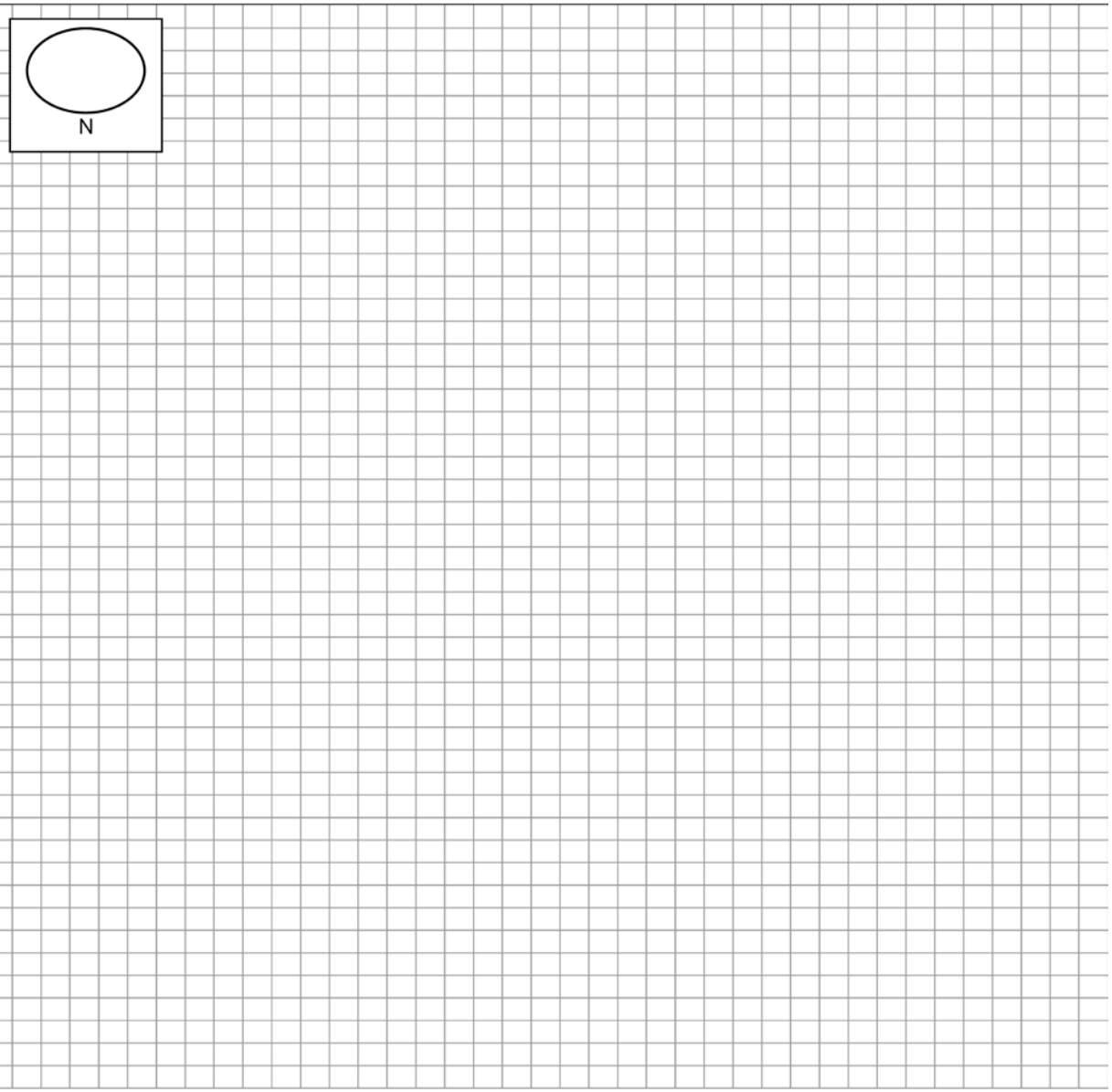
Indicate location of and distance to property entrance(s), existing and/or proposed. Dimensions from corner of property to center of drive should be indicated.

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