



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

**Pole Building Permit Application and Checklist**

PLEASE PRINT

JOB SITE ADDRESS: \_\_\_\_\_ GeoParcel #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

OWNER: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Size of proposed building (dimensions) \_\_\_\_\_ X \_\_\_\_\_ and total square feet \_\_\_\_\_

Height of proposed building to peak \_\_\_\_\_ Height of sidewall of proposed building \_\_\_\_\_

Closest distance to the house \_\_\_\_\_ (must be a minimum of 10 feet)

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**

Additional Information (if any) \_\_\_\_\_

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

- \_\_\_\_\_ Pole Building Permit Application and checklist
- \_\_\_\_\_ Detailed Site Plan drawing
- \_\_\_\_\_ Building Spec Sheet for Pole Buildings
- \_\_\_\_\_ Staked - Proposed building layout staked

- **No construction shall start until the permit is issued.**
- **All work must be permitted prior to inspections.**
- **Unresolved Zoning, Subdivision, Floodplain, Health items may delay the issuance of any permit. No structure should be used or occupied until the certificate of occupancy is issued.**
- **If an electrical or plumbing permit is needed they must be applied for separately by a state licensed contractor.**

Contractor/ Owner/Applicant Statement:

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 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)

## Building Spec Sheet for Pole Buildings

Please provide the following information:

Job Address: \_\_\_\_\_

Type of Use (Including size): \_\_\_\_\_

1. Footings: (48" minimum depth, 8" minimum concrete in bottom of the hole(mixed concrete or biscuits) backfilled with rock)

Depth below grade: \_\_\_\_\_

Size of post hole: **(Must provide engineered specifications from manufacturer if wall height above 14')** \_\_\_\_\_

2. Slab system:

Thickness of slab: \_\_\_\_\_

Type of reinforcement: \_\_\_\_\_

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

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

Size and spacing of posts: **(Must provide engineered specifications from manufacturer if wall height above 14')** \_\_\_\_\_

\_\_\_\_\_

Type of lateral bracing: \_\_\_\_\_

Type of siding: \_\_\_\_\_

4. Roof: (List size and grade of lumber)

5. Truss rafters: **Must provide engineered specifications from manufacturer**

Type of ceiling covering: \_\_\_\_\_

Type of attic ventilation: \_\_\_\_\_

Comments/ Additional Information \_\_\_\_\_

\_\_\_\_\_

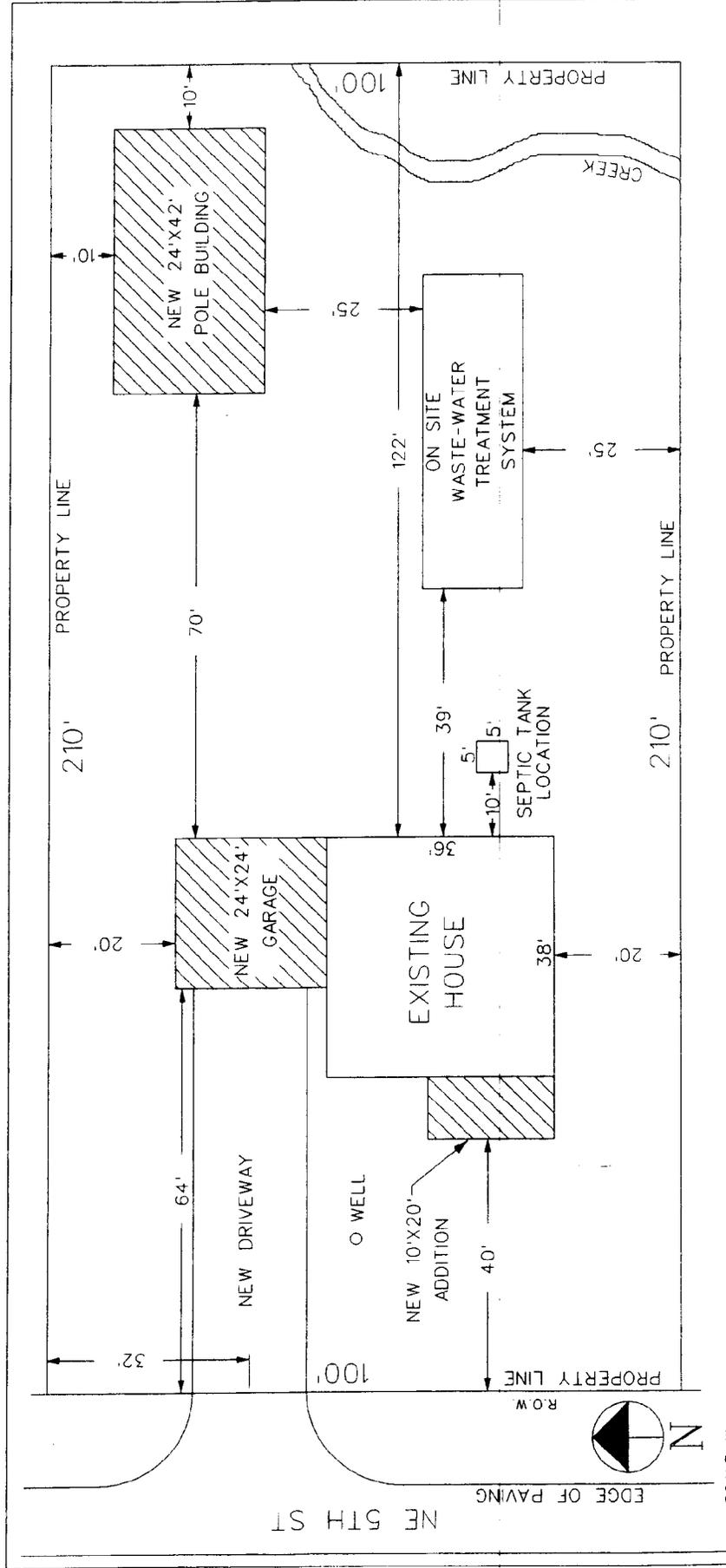
\_\_\_\_\_

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" = \_\_\_\_\_

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

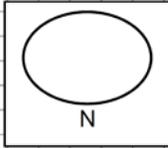
Polk County Public Works – Site Plan Worksheet

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 \_\_\_\_\_

