Polk County Public Works

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

Single Family Home Permit Checklist

Project Address: _____ Is a new address needed? Y/ N

Checklist of items to be completed prior to submitting application:

_____ Building Permit Application

_____ Detailed Site Plan drawing

_____ Detailed Construction Plans – 2 sets

_____ Energy Compliance Certificate. Res Check must submitted with application completed by a certified HERS rater in the State of Iowa.

_____ Staked - Proposed building layout must be staked.

_____ Ownership within the last 30 days? A legal description and copy of recorded deed must be included

Septic or Sewer (check one box)

_____If a septic system is needed, results of a Soils Analysis or Soil Perc Test and Septic System permit must be submitted

_____If sanitary sewer is available, complete a Sanitary Sewer Connection Permit and Agreement.

_____ Entrance Permit application

Water: (check one box)

_____ Public water service connection fee

_____ Well – well permit required

_____ Geothermal well permit (if applicable) for vertical geothermal wells. A permit is not required for horizontal system _____ Right-of-way grant permit (if applicable) for work within road right-of-way (typically not needed)

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 _____20___-_____

Polk County Public Works

5885 NE 14th 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)

_____

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> _____

_____

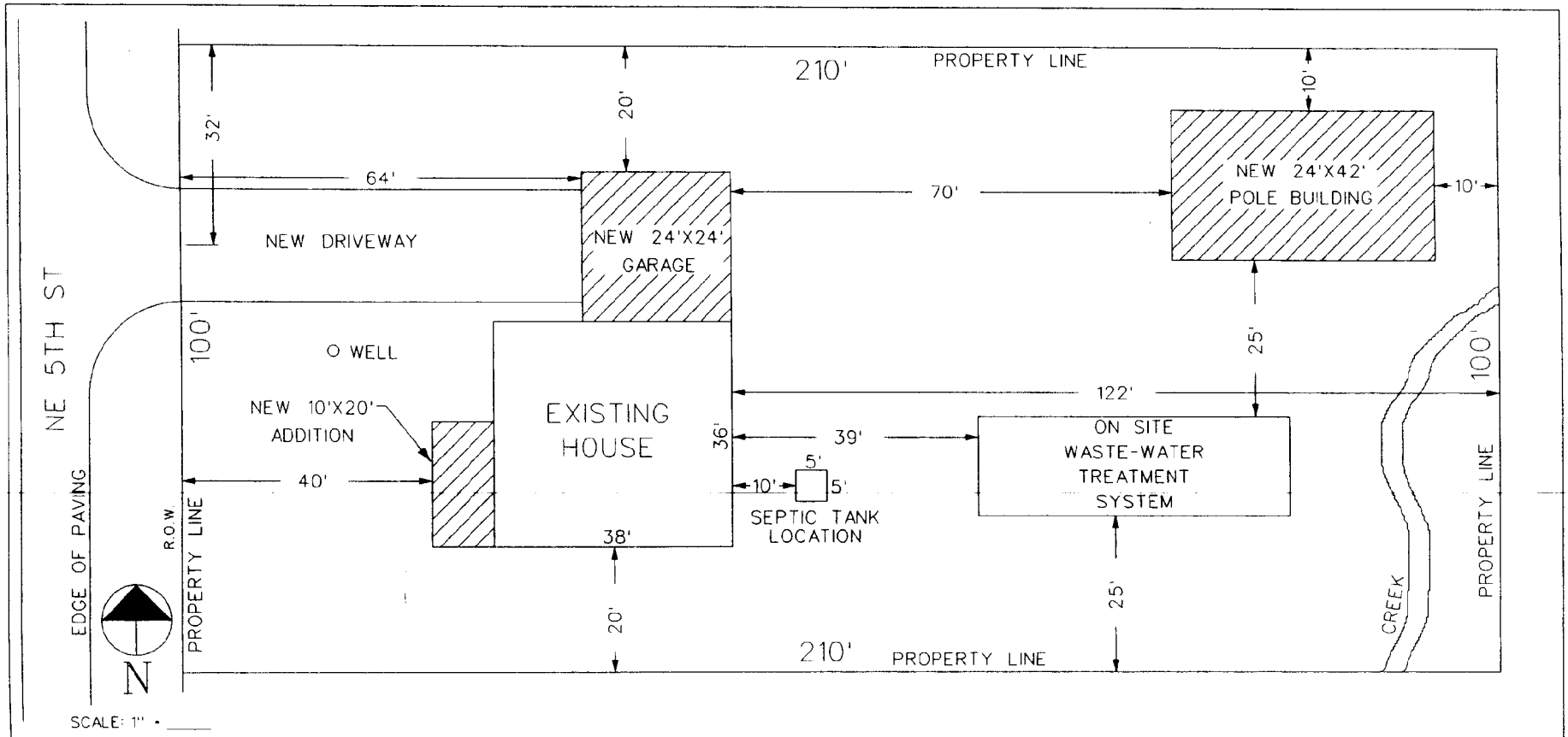
_____

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.

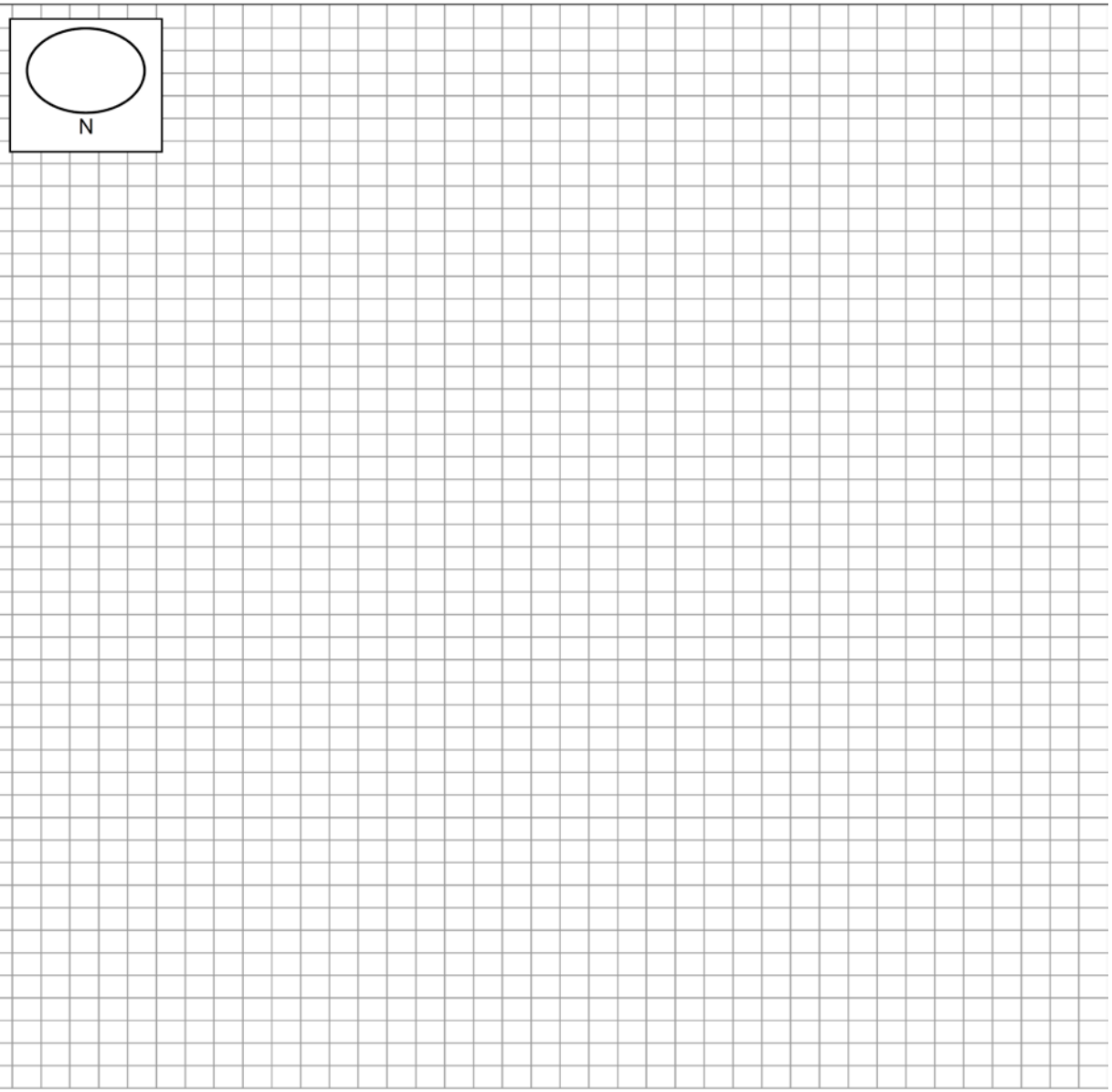
Indicate location of ponds, streams, drainage ways, and/or ravines. All physical features must be shown.

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



ENTRANCE PERMIT APPLICATION

POLK COUNTY PUBLIC WORKS
5885 NE 14th STREET, DES MOINES, IA 50313

DATE OF APPLICATION:_____

PLEASE PRINT OR TYPE

APPLICANT/LANDOWNER: _____ REPRESENTED BY (if not landowner): _____
APPLICANT MAILING ADDRESS: _____ CITY:_____STATE:____ ZIP CODE:_____
PHONE: (____) _____-_____ ALT PH: (____) _____-_____

ENTRANCE LOCATION:
SITE ADDRESS:_____ OR ON (STREET NAME) _____
OR IF NECESSARY, SECTION____, T-____N, R- ___W, _____ FEET ____ OF _____ ON ___ SIDE OF ROAD
OR IF NECEESARY, ACCESS TO LOT NO. _____ of _____ SUBDIVISION
PROPOSED SURFACE WIDTH OF ENTRANCE (in feet) _____

TYPE OF ENTRANCE (Check One):
_____NEW CURB CUT (EXISTING STREET WITH CURBS)
_____USE EXISTING FOR NON-FARM USE
_____NEW or WIDEN OPEN DITCH FOR NON-FARM USE
_____NEW or WIDEN FARM FIELD ENTRANCE

DO YOU INTEND TO PAVE THE ENTRANCE? YES ____ NO _____ IF YES, YOU MUST SCHEDULE AN INSPECTION OF THE FORM WORK PRIOR TO PAVING.

CHECK THOSE THAT APPLY:

____ I affirm the information provided for this permit is accurate and correct to the best of my knowledge and belief and that I am the owner or designated agent, of the property this entrance provides access to.
____ I understand the work must be completed and inspected within one year of the issue date or this permit will be null and void.
____ I affirm I have read and understand the entrance standards and stipulations on the attached forms and will complete all work in accordance with these standards and stipulations.

_____
APPLCIANT SIGNATURE

DO NOT WRITE IN THIS SPACE -FOR OFFICE USE ONLY

ENTRANCE TYPE
_____ New Entrance Pipe: ____ inch diameter, ____ feet in length. (16 Ga. Zinc Coated CMP, or 1500D Reinforced Concrete Pipe)
_____ Existing Entrance Pipe: _____ inch diameter pipe to be extended _____ feet left, _____ right.
_____ Existing Entrance Pipe meets current Specifications.
_____ Dry Entrance: No culvert is needed.
_____ Curb & Gutter Roadway: No culvert is needed.

NODE NO: _____
ENERGOV PERMIT NO. :_____

Fees:$225

Special Provisions: _____
_____
_____

ENTRANCE PERMIT STIPULATIONS

A.	**CONSTRUCTION AND MAINTENANCE STIPULATIONS**
1.	The entrance, including drainage structure, grading, surfacing and entrance configuration, shall be constructed by the applicant at the applicant's expense, in accordance with the attached entrance standard and upon final inspection and approval shall thereafter be kept in repair and maintained by Polk County. Nothing in this stipulation shall preclude Polk County from entering upon said entrance on highway right-of-way and performing necessary maintenance for the protection of the highway. Polk County will not construct paved type surfaces on entrances, but will use gravel only.
2.	The construction, future repair or maintenance of said entrance shall be carried on in such a way as not to interfere with, or interrupt traffic on said highway, and the owner shall take all reasonable precautions to protect and safeguard the lives and property of any person or persons, or account of such construction, repair or maintenance operation.
3.	No filling will be permitted in the right-of-way other than necessary to construct the proposed entrance. No excavations will be made within the limits of the traveled portion of the roadway. The entrance fill is to be compacted by tamping or rolling as per the approved standards.
4.	The finished surface elevation of the driveway over the pipe or place where the pipe would normally be, shall be four (4) inches lower than the shoulder elevation to prevent water draining onto the pavement or traveled way and the minimum depth of earth fill over the pipe shall be twelve (12) inches.
B.	**GENERAL**
1.	The owner's attention is directed to the fact that private property may not be used so as to obstruct or encumber the public highway right-of-way, or interfere with the safety, comfort and rights of public highway users.
2.	A copy of the approved application shall be available on the job site at all times for examination by Polk County officials.
3.	Subject to the approval of this application and upon completion of the constructing of the entrance in compliance with the terms agreed upon in this document and attachment, no changes in the entrance, including landscape walls or plantings, or its location shall be undertaken without the prior written approval of the Polk County Engineer.
4.	Polk County shall be responsible for all future maintenance associated with that portion of the access located within Polk County right-of-way, except pavement placement or repair.
5.	In the future, should this entrance generate sufficient traffic to warrant a need for additional traffic control upon the roadway system, costs for these improvements shall be the responsibility of the owner and shall be constructed in accordance with Polk County Standards. These may include, but would not necessarily be limited to, the constructing of turn lanes and/or signalization.
6.	All provisions herein relating to the construction, repair or maintenance of the entrance shall be binding on all successors or assigns of the owner.
7.	Upon completion of construction, the applicant shall leave the right-of-way area in as good a condition as prior to construction.
8.	The Polk County Engineer reserves the right to relocate the proposed entrance to meet minimum required sight distance for the safety purposes at crest vertical curves, horizontal curves, and intersections.
9.	This entrance permit will be executed prior to the issuing of a building permit.
C.	**LIABILITY**
1.	The Owner(s) shall indemnify and save harmless Polk County, its agencies and employees, from any and all causes of action, suits at law or in equity, for losses, damages, claims or demands, and for any and all liability and expense of whatsoever nature, arising out of or in connection with owner's use or occupancy of the public right-of-way.
2.	If the Owner(s) should fail to comply with any of the conditions and requirements of this agreement, Polk County may terminate it, whereupon the owner(s) shall immediately remove any construction undertaken pursuant to this agreement and restore the access(es) previously existing and any rights granted the owner(s) by this agreement shall end.
D.	**NOTIFICATION**
1.	Before beginning any work in the highway right-of-way, it is the responsibility of the owner(s) to give the Polk County Public Works Department, forty-eight (48) hours prior written or verbal notice of owner's intent to start construction on the highway right-of-way. The owner shall also notify Polk County Public Works upon completion of construction.
2.	Before beginning any work in the highway right-of-way, it is the responsibility of the owner(s) to contact utility companies which may be located in the area of the proposed work. Contact should be made by calling One Call at 1-800-292-8989, a minimum of forty-eight (48) hours in advance of starting construction.

Polk County Public Works
5885 NE 14th Street
Des Moines, IA 50313
(515) 286-3705

2016 APPLICATION FOR ONSITE WASTEWATER TREATMENT AND DISPOSAL SYSTEM (OWTS) AND ABANDONMENT

NOTE: A PERCOLATION TEST OR SOIL ANALYSIS MUST BE SUBMITTED WITH THIS APPLICATION. A TREATMENT AND DISPOSAL SYSTEM CANNOT BE INSTALLED UNTIL A BUILDING PERMIT HAS BEEN APPLIED FOR, IF APPLICABLE.

Permit #_____ _____ - _____

JOB SITE ADDRESS: _____ TOWNSHIP: _____

OWNER: _____

APPLICANT: _____ PHONE: (_____) _____ - _____

ADDRESS: _____ CELL: (_____) _____ - _____

CITY: _____ STATE: _____ ZIP CODE: _____

Email: _____

(permits and certificate of compliance will be emailed when an email is provided)

SEPTIC CONTRACTOR: _____ PHONE: (_____) _____ - _____

COMPANY: _____ CELL: (_____) _____ - _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Email: _____

(permits and certificate of compliance will be emailed when an email is provided)

DESCRIPTION OF WORK:

NEW ONSITE WASTEWATER TREATMENT AND DISPOSAL SYSTEM _____	RESIDENTIAL	COMMERCIAL
Please Circle REPLACE OWTS REPLACE TANK/BOX REPLACE BOX REPLACE TANK REPLACE/REPAIR LATERALS OTHER ABANDONMENT		
WATER SOURCE: Public _____ Well _____	NUMBER OF BEDROOMS: _____	NUMBER OF EMPLOYEES: _____
MULTI FAMILY DWELLING: YES _____ NO _____		

I understand that if the number of bedrooms changes, the Environmental Health Division **must be** notified before installation of the Treatment and Disposal System commences.

I understand that **WORK MUST BE COMPLETED AND INSPECTED WITHIN ONE CALENDAR YEAR** from the permit issuance date, or the ONSITE WASTEWATER TREATMENT AND DISPOSAL SYSTEM PERMIT will be null and void.

I understand all work must be inspected and approved by Polk County prior to concealing any installation.

I hereby acknowledge the above information is correct, and I agree to comply with all ordinances and State and Federal laws regulating activities covered by this permit.

_____ **Date**_____
Contractor's Name/Signature

_____ **Date**_____
Applicant or Owner's Name/Signature

PERMIT FEES: Residential $180, Commercial $235, Abandonment Fee $52

Office use:
Date: _____/_____/_____ Initials:_____ Cash _____ Check _____ Receipt #: _____