



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

Commercial Building Permit Checklist

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

Checklist of items to be completed prior to submitting application:

- ___ Building Permit Application
- ___ Site Plan has been approved
- ___ Detailed Construction Plans – 1 set PDF, 1 set hard copy
- ___ Truss Specifications

Septic or Sewer (check on line):

- ___ 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:

- ___ Public water service connection fee
_____ Water Service Provider

- ___ 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

Notice: All electrical, mechanical, plumbing and fire sprinkler permits must be applied for separately. All work must be permitted prior to inspection. 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 of occupancy is issued.

Contractor/Owner/Applicant Signature:

I have included all the above checked items and I understand that all the items listed above must be received 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.

*Please allow 7-10 business days for permit review and approval

Print Name Signature Date

Email: Phone #:



Permit # _____

Polk County Public Works
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Commercial Building Permit Application

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	

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.

*Please allow 10-7 business days for permit review and approval

_____ Date _____

Signature