



Polk County Public Works

5885 NE 14th Street
Des Moines, IA 50313
Phone: 515-286-3705
FAX: 515-286-3437

Email: publicworks@polkcountyiowa.gov

Permit # _____

Commercial Building Permit Application Checklist

PLEASE ALLOW 7 – 10 BUSINESS DAYS FOR PERMIT REVIEW AND APPROVAL

Project Address: _____

Is a new address needed? Yes No

Checklist for New Construction or Additions to Existing Structure:

- Building Permit Application
- Site Plan has been approved
- Detailed construction plans (1 set PDF and 1 set hard copy)
- Truss specifications

Septic or Sewer:

If a septic system is needed, results of a Soil 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 systems.

Right-of-Way Grant Permit, if applicable, for work within road right-of-way.

Checklist for Interior Remodel or Tenant Finish:

- Building Permit Application
- Plans
- Valuation

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 and 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 of the above checked items and I understand that all of 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.

Print Name

Signature

Date

Email:

Phone:



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Commercial Building Permit Application

Job Site Address:		Township:
GeoParcel Number:		District/Parcel:
Owner:		Phone:
Address (City, State, Zip)		
Contractor:		Phone:
Company:		
Address (City, State, Zip)		Email:
Valuation of Project:	Square Ft. of Project:	
Description of Proposed Building (Please describe project):		
Proposed Use (Please state the use of proposed building and site if different):		

Work Class (Please Check Appropriate Box)

New Construction Addition to Existing Building Interior Remodel/Tenant Finish Other

Height of Proposed Building _____

Fill in the Square Footage of Proposed Building in Appropriate Row

	Square Feet	Valuation
Commercial/Industrial Building 1 st Floor		
2 nd Floor		
Mezzanine		
Canopy		
Addition		
Accessory Structure		
Other:		

PLEASE ALLOW 7 – 10 BUSINESS DAYS FOR PERMIT REVIEW AND APPROVAL

Work must commence within 180 days from permit issuance date and be completed and inspected within one (1) year from the permit issuance date or the building permit will be null and void. I understand **all work must be inspected 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.

The undersigned hereby makes application to perform work as described herein:

I affirm I am the owner or license 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.

Print Name

Signature

Date

Email

Phone