



Polk County Public Works
 5885 NE 14th Street
 Des Moines, IA 50313
publicworks@polkcountyia.gov
 515-286-3705

Permit # _____

Addition to Single Family Home Building Permit Application

JOB SITE ADDRESS: _____ TOWNSHIP: _____

GEO PARCEL: _____ DISTRICT PARCEL: _____

OWNER: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

CONTRACTOR: _____ PHONE: _____

COMPANY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

Height of proposed building to peak: _____ Total # of bedrooms: _____

Is any portion of the proposed home to be used for commercial or other business activities? YES NO

*If yes, a home occupation permit must be applied for

Fill in the square footage of the proposed home in the appropriate row:

	Square Feet	Rate	Valuation
Unfinished basement			
Finished basement			
1st Floor			
2nd Floor			
Garage			
3 or 4 season room/ enclosed deck			
Front Porch/Stoop- Covered/Uncovered			
		Total Valuation	
		Permit fee	
		Total Building	
		Septic Fee	
		TOTAL FEE	

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 Occupancy is required in accordance with applicable codes and ordinances.

I have included all of the above checked items and I understand 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 information supplied by me is true and correct, and to the best of my knowledge and belief.

I affirm I am the owner or licensed contractor of this property. I hereby acknowledge that I have read this permit and state that the information is correct, and agree to comply with all ordinances and state and federal laws regulating activities covered by this permit.

***Please allow 5-7 business days for permit review and approval**

 Print Name

 Signature

 Date

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 beside 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: _____

Double Top Plates Required

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: **Must provide design data from manufacturer**

Thickness and type of insulation: _____

Type of ceiling covering: _____

Type of attic ventilation: _____

Comments/ Additional Information _____

Questions or to schedule inspections after the permit is issued 286-3352

