



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

Permit # _____

Detached Garage Building Permit Application and Checklist

JOB SITE ADDRESS: _____ GEO PARCEL#: _____

OWNER: _____ PHONE: _____

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

EMAIL: _____

CONTRACTOR: _____ PHONE: _____

COMPANY: _____

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

EMAIL: _____

Size of proposed building (dimensions) _____ X _____ Total square feet _____

Height of proposed building to peak _____ *Height can be no greater than 24' or height of principal structure, whichever is greater

Closest distance to the house _____ *Must be a minimum of 10'

Description of proposed building and use: _____

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

*Must apply for home occupation permit if yes

Is the building going to be connected to water? YES/NO - If yes, for what purpose (toilet, sink, outside spigot, etc.)? _____

- If adding a restroom - is the property on septic or sewer? _____

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

_____ Detached Garage Building Permit Application and checklist

_____ Building Spec Sheet

_____ Engineered Truss Specifications

_____ Detailed Construction Plans- 2 Copies: PDF & hard copy

_____ Detailed Site Plan Drawing

_____ Proposed building 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, mechanical, 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 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.

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

Print Name

Signature

Date

DETACHED GARAGE BUILDING SPEC SHEET

Job Address: _____

Type of Use (Including size): _____

1. Footings: (42" minimum frost depth) (if over 1008 sq. ft.)

Depth below grade: _____

Size of footing or trench: _____

Size and type of reinforcement: _____

2. Foundation wall:

Thickness and type: _____

Type of waterproofing: _____

Spacing of anchor bolts: (1/2" dia. Min.) _____

3. Slab system:

Thickness of slab: _____

Type of reinforcement: _____

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

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

Size and spacing of wall studs: _____

Type of wind bracing: _____

Thickness and type of insulation: _____

Type of siding: _____

Type of interior wall covering: _____

5. 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: _____

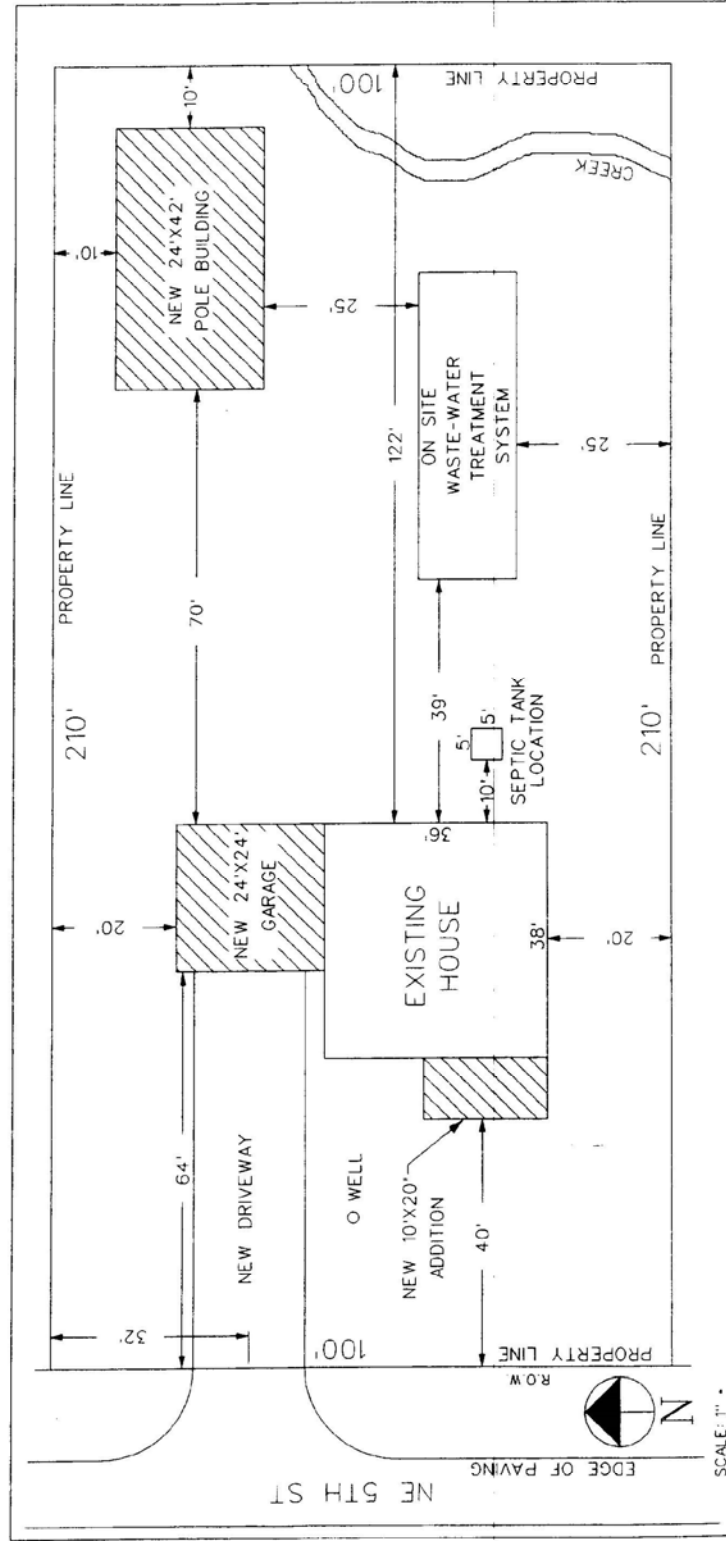
Comments/ Additional Information _____

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

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 Direction 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 – Detailed Site Plan Drawing

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.

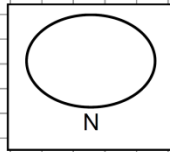
Indicate location of ponds, streams, drainage ways, and/or ravines. All physical features must be shown.

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

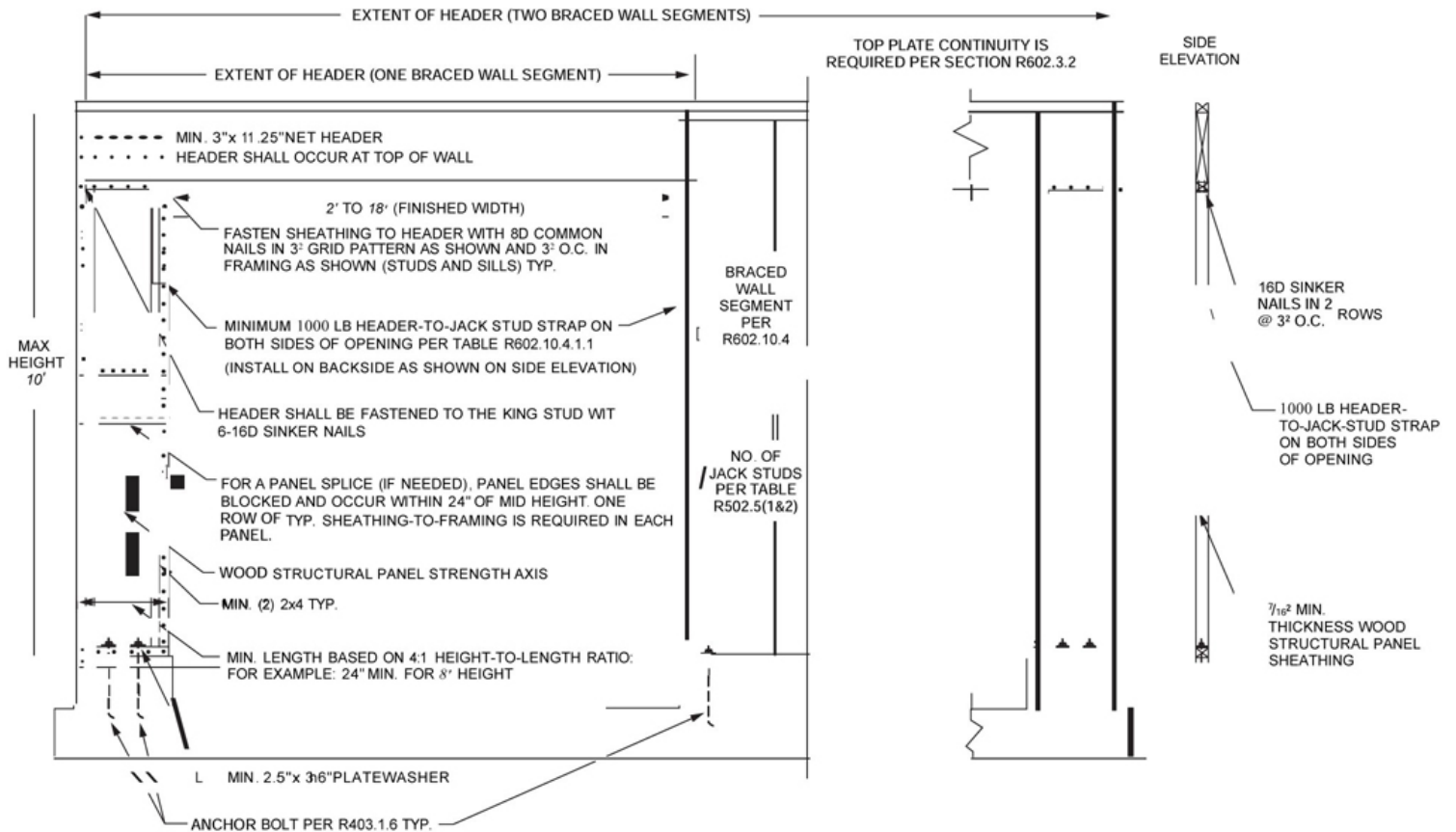
DATE _____



Narrow Wall Bracing Requirements for Detached Garages

4 feet or greater in width on either side of the garage door(s) does not require continuous header

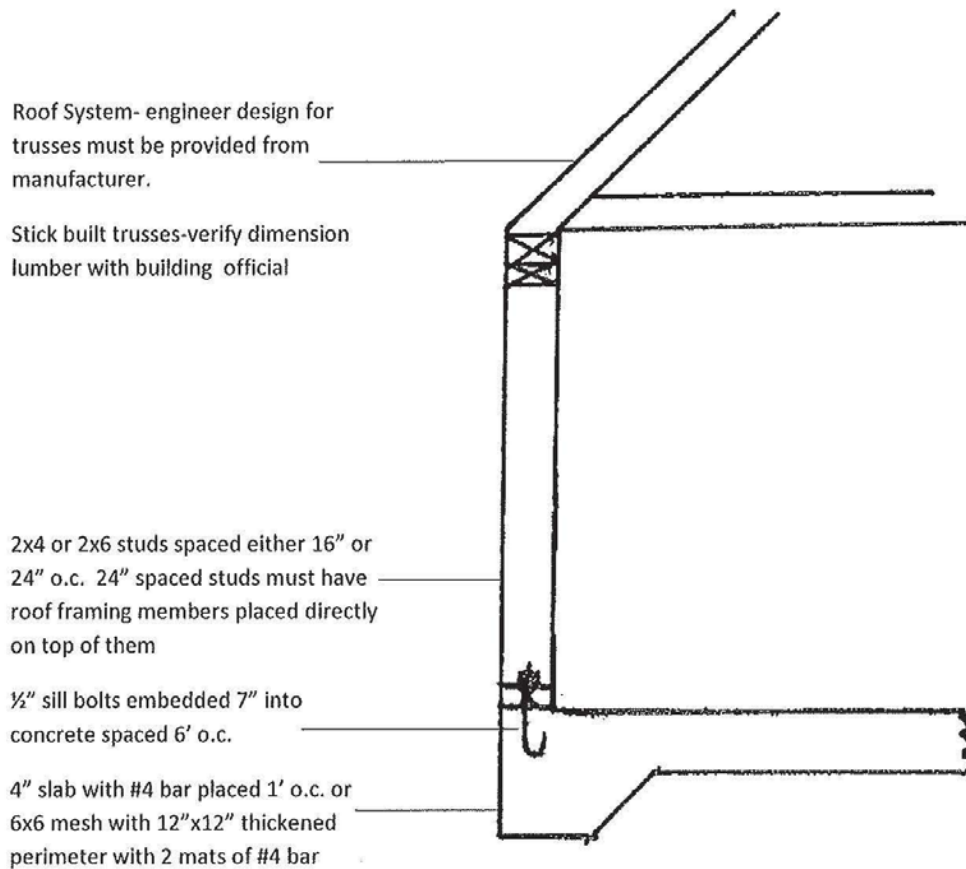
For application less than 4 feet in width on either side of the garage door(s) are required to follow the diagram below



For SI: 1 inch = 25.4 mm, 1 foot = 304.8 mm, 1 pound force = 4.448 N.

FIGURE R602.10.3.4 METHOD PFG PORTAL FRAME AT GARAGE DOOR OPENINGS IN SEISMIC DESIGN CATEGORIES A, BAND C

Wall section for 1008 sq. ft. and less (floating slab) detached garage located 10 ft. or more from dwelling



NOTE: THE HEIGHT OF AN ACCESSORY BUILDING SHALL NOT EXCEED THE HEIGHT OF THE PRINCIPAL BUILDING (DWELLING) OR 24 FT WHICHEVER IS GREATER.

THE HIEGHT IS MEASURED TO THE PEAK OF THE ROOF.

Wall section for over 1008 sq. ft detached garage

Roof systems- engineer design for trusses must be provided from manufacturer

Stick built-verify dimension lumber with building official

2x4 or 2x6 studs spaced either 16" or 24" o.c.
24" spaced studs must have roof framing members placed directly on top of them.

$\frac{1}{2}$ " sill bolts embedded 7" into footing spaced 6' o.c.

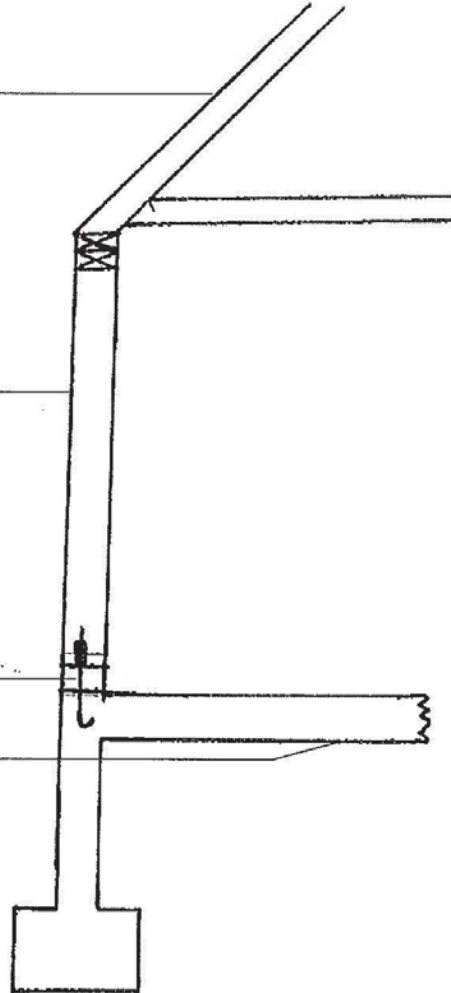
4" slab with #4 bar place 1' o.c. or 6x6 mesh

Frost depth footings (42") required. Either a spread footing (shown) or 8" trench is acceptable

Foundation reinforcements:

16"x8" spread footing-2 #4 bars continuous

8" trench footing-#4 bar 4' o.c. vertically and #4 bar horizontally within 6" of top and bottom.



NOTE: THE HEIGHT OF AN ACCESSORY BUILDING SHALL NOT EXCEED THE HEIGHT OF THE PRINCIPAL BUILDING (DWELLING) OR 24 FT WHICHEVER IS GREATER. THE HEIGHT IS MEASURED FROM FINISH GRADE TO THE PEAK OF THE ROOF.