



**Polk County Public Works**

5885 NE 14<sup>th</sup> Street

Des Moines, IA 50313

Phone: 515-286-3705

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Email: [publicworks@polkcountyiowa.gov](mailto:publicworks@polkcountyiowa.gov)

Permit # \_\_\_\_\_

**Shed Permit Application and Checklist**

**Please Allow 5-7 Business Days for Permit Review and Approval**

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 \_\_\_\_\_

Closest distance to the house \_\_\_\_\_ (Must be a minimum of 10')

Anchor Design \_\_\_\_\_

Description of proposed building and use: \_\_\_\_\_

Is any portion of the proposed building to be used for commercial or other business activities? YES NO  
(If yes, you must apply for a Home Occupation Permit)

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? \_\_\_\_\_ (If septic, a Septic Permit is required prior to review of permit)

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

- Shed Permit Application and checklist
- Building Spec Sheet
- Detailed Site Plan Drawing
- Proposed Building Staked

**Stipulations:**

- 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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Shed 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. Floor framing: (list size and grade of lumber) (sheds can be of treated 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: \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

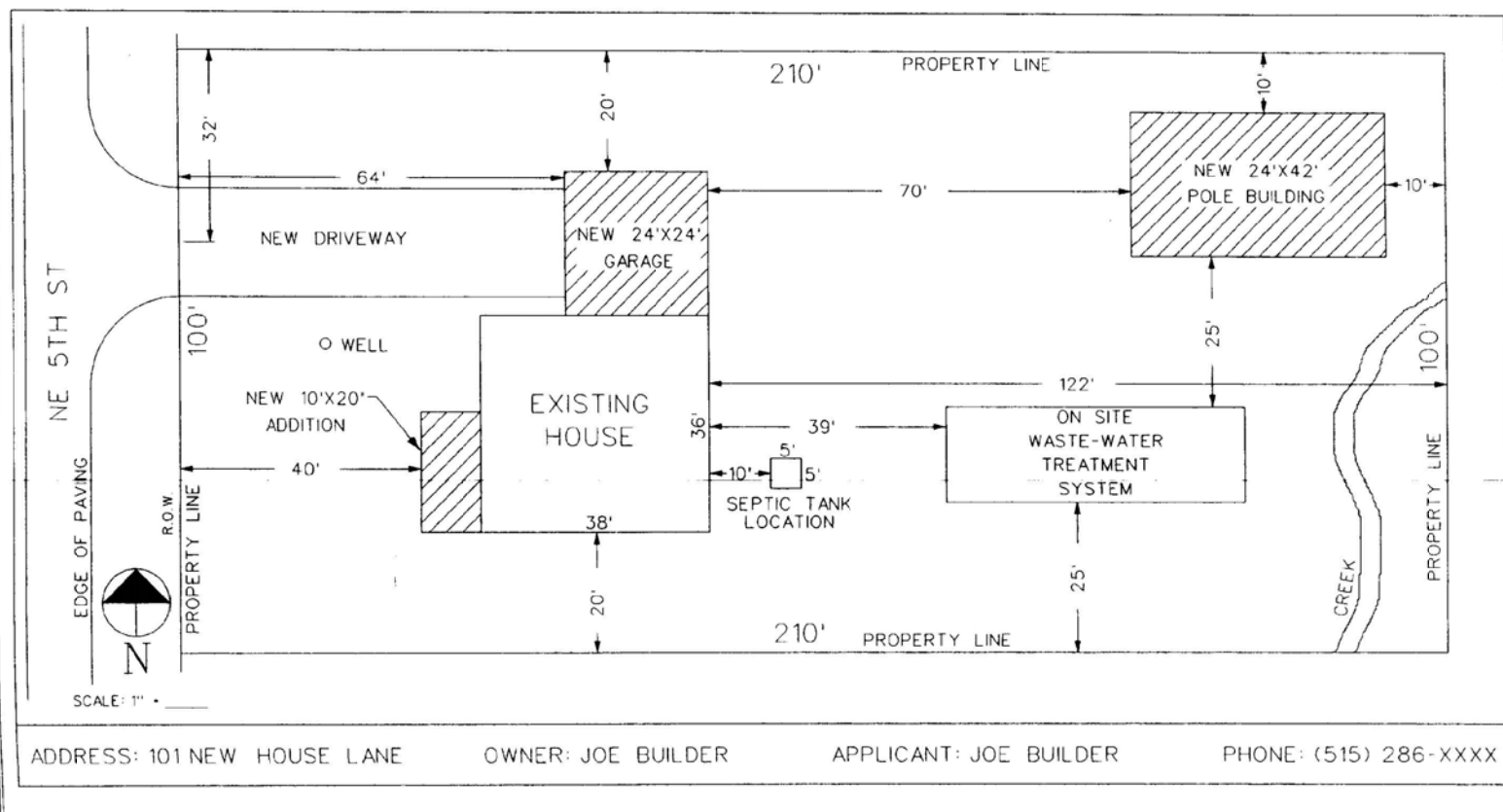
\_\_\_\_\_

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

# 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.



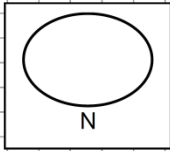
Polk County Public Works – Detailed Site Plan Drawing

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

