

BUILDING PERMIT APPLICATION

1

City of Vinton, Iowa

Applicant to complete numbered spaces only.

Owner
Job Address

Job Address			
1 Legal Desc.	Lot No.	Blk.	Tract
<input type="checkbox"/> See Attached Sheet			
2 Owner		Mail Address	Zip Phone
3 Contractor		Mail Address	Phone License No.
4 Architect or Designer		Mail Address	Phone License No.
5 Engineer		Mail Address	Phone License No.
6 Lender		Mail Address	Branch
7 Proposed Use or Occupancy of Building			
8 Class of Work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Temporary <input type="checkbox"/> Remove			
9 Describe Work			
10 Change of Use from			
Change of Use to			

11 Valuation of work: \$		
SPECIAL CONDITIONS:		
Application Accepted By	Plans Checked By	Approved For Issuance By
NOTICE		
<p>THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. IT IS THE DUTY OF THE PERSON DOING THE WORK AUTHORIZED BY A PERMIT TO NOTIFY THE BUILDING OFFICIAL THAT SUCH WORK IS READY FOR INSPECTION.</p> <p>NO CHANGE IN THE EXISTING OCCUPANCY CLASSIFICATION OF A BUILDING OR STRUCTURE OR PORTION THEREOF SHALL BE MADE WITHOUT A CERTIFICATE OF OCCUPANCY, IF SO REQUIRED BY CITY ORDINANCE. OCCUPANCY PERMITS ARE INCLUDED IN THIS APPLICATION.</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p>		
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT		(DATE)
SIGNATURE OF OWNER (IF OWNER BUILDER)		(DATE)

PLAN CHECK FEE		PERMIT FEE	
Type of Const.	Occupancy Group	Division	
Size of Bldg. (Total) Sq. Ft.	No. of Stories	Max. Occ. Load	
	Use Zone	Fire Sprinklers Required Yes No	
No. of Dwelling Units	OFFSTREET PARKING SPACES:		
	Covered	Uncovered	
Special Approvals	Required	Received	Not Required
ZONING			
PLOT PLAN			
HEALTH DEPT.			
FIRE DEPT.			
SOIL REPORT			
ELEVATION CERTIFICATION			
ACCESSIBILITY			
ENERGY CONS.			
OTHER (Specify)			

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. M.O. CASH PERMIT VALIDATION CK. M.O. CASH

INSPECTOR