

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

(Type or Print in Ink)

*PLEASE ATTACH A DETAILED DRAWING (SKETCH) OR THE PROPOSED CONSTRUCTION AND ITS LOCATION ON THE PROPERTY.

IMPORTANT: APPLICANT IS TO COMPLETE ALL ITEMS IN SECTIONS I, II, AND III.
SECTION I: LOCATION OF BUILDING AND OWNER

Address of Property _____ Zoning District _____
(Number) (Street) (Zip)

Owner _____
(Name) (Mailing Address) (Zip) (Phone Number)

Lot _____ Block _____ Subdivision _____

SECTION II: TYPE AND COST OF BUILDING-ALL APPLICANTS ARE TO COMPLETE PARTS A THRU F

TYPE OF IMPROVEMENT:

- ___ New Building
- ___ Addition
- ___ Alteration
- ___ Repair, replacement
- ___ Wrecking (indicate use in Part B)
- ___ Moving (relocation)
- ___ Temporary - 30 days only

PROPOSED USE:

RESIDENTIAL

- ___ One Family
- ___ Two Family
- ___ Multi-Family _____ No. Of Units
- ___ Garage
- ___ Room Addition
- ___ Other - Specify _____

RESIDENTIAL BUILDINGS ONLY:

- ___ Number of Bedrooms
- ___ Number of Bathrooms
- Full _____ Partial _____

NON RESIDENTIAL

- ___ Assembly
- ___ Business
- ___ Factory/Industrial
- ___ High Hazard
- ___ Institutional
- ___ Mercantile
- ___ Storage
- ___ Temporary/Miscellaneous
- ___ Other Permits - Specify _____

C. CONSTRUCTION CLASSIFICATION

- ___ Type 1 - Fireproof
- ___ Type 2 - Noncombustible
- ___ Type 3 - Exterior Masonry Wall
- ___ Type 4 - Frame

D. DIMENSIONS:

- ___ Stories _____ Height
- ___ Length _____ Width
- ___ No. Of Sq. Ft. per Floor
- ___ Total Sq. Ft. of Building

E. NUMBER OF OFF-STREET PARKING SPACES:

- ___ Enclosed _____ Outdoors

F. VALUATION OF CONSTRUCTION:

\$ _____

G. DESCRIPTION OF WORK:

(CONTINUED)

SECTION III: IDENTIFICATION - TO BE COMPLETED BY ALL APPLICANTS

NAME _____ MAILING ADDRESS & ZIP _____ PHONE NO. _____

BUILDING CONTRACTOR _____

ARCHITECT _____
OR _____
ENGINEER _____

ELECTRICAL CONTRACTOR _____
IF KNOWN AT TIME OF APPLICATION

PLUMBING CONTRACTOR _____

MECHANICAL CONTRACTOR _____

The undersigned _____ hereby applies to the City of Gowrie, Iowa for a permit to erect the structure or part thereof herein described, and if granted, the permit applied for shall comply with all requirements of the City ordinances relating thereto and pay the fees required by such ordinances. No error or omission in either the plans or application, whether said plans or application have been approved by the Building Official or not, shall permit or relieve the applicant from constructing the work in any other manner than that provided for in the ordinance of this city relating thereto.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as the agent. The applicant having read this application and fully understanding the intent thereof declares that the statements made are true to the best of my knowledge and belief.

Applicant Name _____ Address _____ Date _____

DO NOT WRITE BELOW THIS LINE. FOR DEPARTMENT USE ONLY
IV. VALIDATION

Building Permit Number _____ For Building Department information only

Building Permit Fee \$ _____ if required, provide name of person who

Other Fee.....\$ _____ Performed the following:

Plan Review Fee.....\$ _____ Zoning _____

TOTAL FEES \$ _____ Fire Dept _____

Plan Review _____

APPROVED FOR PERMIT BY: _____ Date _____

Department Notes and Data: _____

*Applications for Building Permits and other related information are available at the office of Gowrie City Clerk, located at 1206 Market Street. Phone-1-515-352-3999.