

DATE _____

PERMIT NO. _____

BUILDING PERMIT APPLICATION

CITY OF CARROLL, IOWA

Job Address

Legal Description - (include lot no., block no.) <u>OR</u> Parcel ID Number (found on property tax record)
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Owner	Mailing Address	Phone
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Contractor	Mailing Address	License No.	Phone
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Architect or Designer	Mailing Address	License No.	Phone
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Use of Building

Description of Work

Dimensions of Proposed Building or Structure	_____ Length	_____ Width	_____ Height	_____ Other
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Airport Airspace Zoning Approved?	_____ Yes	_____ No	_____ NA
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REVIEW NOTICE & SIGN BELOW	ATTACH BLUE PRINTS AND SITE PLAN
NOTICE THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 120 DAYS OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 120 DAYS AT ANY TIME AFTER WORK IS COMMENCED. 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 THE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.	Valuation of Work \$ _____
	Permit Fee \$ _____
	Additional Fees:
	Plan Check Fee \$ _____
	Sewer Connection \$ _____
	Water Connection \$ _____
	Other \$ _____
	<u>TOTAL AMOUNT DUE</u>
Signature of owner or authorized agent Date	Pluming Permit # _____ Mechanical Permit # _____ Electrical Permit # _____ R.O.W. Permit # _____

WHEN PROPERLY APPROVED BELOW THIS IS YOUR PERMIT
Application accepted by:
Date:
Approved by: