



Send to Safe Building Iowa at office@safebuildingiowa.org or call 515-333-4161



Date of Application: _____
Received by: _____
Review Date: _____

PERMIT FEE SCHEDULE

MECHANICAL	No.	Fee
FLAT FEE	-	\$75.00
Furnace or Heater		-
Appliance Vent		-
Boiler		-
Air Conditioner		-
Ventilation Fan		-
Hood		-
Gas Piping (per outlet)		-
Fireplace or Solid Fuel Burning Appliance		-
TOTAL	-	
PLUMBING	No.	Fee
FLAT FEE	-	\$75.00
Street Excavation		-
Sewer Service Line and Water Line		-
Storm Sewer Service Line		-
Other		-
Gas Piping		-
Backflow Preventer		-
TOTAL	-	

JOB ADDRESS	
Street Number/Name	
Owner/Tenant Name	
APPLICANT	
<input type="checkbox"/> Individual/Homeowner	<input type="checkbox"/> Contractor/Company
Name	
Address	
City/State/Zip	
Phone No.	
Contact Email Address	
State License No.	
SIGNATURE OF OWNER OR AGENT FOR OWNER	DATE:

Please describe the work you will be doing:

To schedule an inspection, please call 515-279-3662. A 24 hour notice is needed.

Payment Received Date: _____ Amount: \$ _____

WHEN APPROVED BELOW THIS BECOMES YOUR PERMIT

ISSUED BY: _____ DATE: _____

BUILDING OFFICIAL

ADDITIONAL ACKNOWLEDGMENTS:

- Except as provided by law, where any work has been started prior to obtaining this permit, the regular fee shall be doubled.
- This permit shall expire if work has not commenced or has been abandoned for 120 days. A new permit will be required at a fee of 1/2 the original permit fee.
- **ALL WORK MUST BE INSPECTED.** It is the responsibility of the permittee to call for inspections. No work shall be concealed or covered until approved by the inspector.
- The permittee acknowledges they are proficient in the performance of the work covered by the permit.
- Any questions as to code requirements or practices shall be resolved prior to initiation of the project.