

BUILDING PERMIT APPLICATION

Submit **COMPLETED** Applications to:

office@safebuildingiowa.com or

Safe Building

PO Box 107

103 S 2nd St

Polk City, IA 50226

515-333-4161



**WINDSOR
HEIGHTS**
the heart of it all

***IMPORTANT - Complete All Information Requested and Include SITE PLAN & BUILDING PLAN(S)**

	NAME	ADDRESS	PHONE NUMBER
Owner			
Contractor			
Architect/Engineer			

	NAME	E-MAIL ADDRESS	PHONE NUMBER
Primary Contact			

Legal Description of Property _____

Building Address _____

Description of Work _____

Basement Finish (SF) _____ Deck (SF, Covered/ Uncovered) _____

Estimated Cost of Work _____ Size (Sq. Ft.) _____

The final determination of value for calculating the permit fee will be made by the building official.

<u>CONSTRUCTION FEES/PERMITS</u>	<u>FEE</u>	<u>PERMIT NO.</u>
BUILDING PERMIT	_____	_____
PLAN REVIEW	_____	
OTHER	_____	
<u>CITY FEES/PERMITS</u>		
FIRE DEPARTMENT PLAN REVIEW	_____	
OTHER	_____	
<u>TOTAL</u>	_____	

It is the responsibility of the applicant to ensure the completion of application.

The owner of this building and the undersigned agree to conform to all applicable laws of the City of Windsor Heights and the State of Iowa.

Signature of Applicant _____ Print Name _____ Application Date _____

FOR INSPECTIONS CONTACT: SAFE BUILDING at 515-333-4161
Work Authorized by This Permit Must Be Completed Within 12 Months of Permit Approval Date.
This application becomes your permit when approved by the city building department below.



DO NOT WRITE IN SPACE BELOW - FOR OFFICE USE ONLY

Approved By _____ Valuation _____ Approval Date _____

Notes: