## TRADE PERMIT APPLICATION

## **CITY OF Windsor Heights**

Deputy City Clerk Nate Leuthold 1145 66<sup>th</sup> Street, Suite 1 Windsor Heights, IA 50324 (515) 645-6826 – nleuthold@windsorheights.org

Job Address:		
Plat and Lot #		Zoning:
(If available)		
Use of Building:		
Description of Work:		
Occupant Name:	Email Address:	Phone:
Owner Name:	Email Address:	Phone:
Contractor Name:	Email Address:	Phone:
Contractor State License Number:	MASTER LICENSE #: (if applicable)	
Architect or Designer:		
	Email Address:	Phone:
Engineer:	Email Address:	Phone:
All payments should be	e made to the City of Windsor H	leights. Payment is due with application.
Please mark all permits you are applying for.	<ul> <li>□ Temporary Electric Service _</li> <li>□ Electric - All Other _</li> <li>□ Plumbing _</li> <li>□ Mechanical _</li> </ul>	\$80.00
By signing below, the applicant unc	derstands and agrees to the following:	
considered unapproved. The permit in advance to schedule any inspectio	applicant is responsible for contacting Sa n.	il approved by the inspector. Work that is not inspected is afe Building at 515.333.4161 a minimum of 1 business day
		proval date or if work does not begin or is abandoned for ed. Where work is begun before a permit is approved the
Work must be performed by a Sta Questions can be directed to Safe Bu		ctor is presumed knowledgeable of the applicable Code.
Signature of Applicant:	Date:	
Please Print Name:		
When signed below and dated, this beco	mes your approved permit.	
APPROVED:	Date	::
PLEASE NOTE:		

