



City of Windsor Heights

www.windsorheights.org

BUILDING PERMIT

PERMIT NO. _____

WINDSOR HEIGHTS
the heart of it all

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

TYPE OF PERMIT: Building Deck Pool Roof

ATTACH SITE PLAN, DRAWINGS, AND/OR BUILDING PLANS

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

| JOB ADDRESS | |
|---|--|
| STREET NUMBER/ADDRESS | |
| <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Public <input type="checkbox"/> One-Family <input type="checkbox"/> Two-Family <input type="checkbox"/> Multi (No. _____) | |
| ZONING DISTRICT VARIANCE NO. or CONDITIONAL USE NO. | |
| SITE LOCATED IN FLOODWAY OR FLOODWAY FRINGE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a Floodplain Development Application Permit is required. | |

| VALUATION | \$ |
|-----------------------------|------------------|
| BUILDING SQUARE FEET | Level 1 _____ |
| | Level 2 _____ |
| | Deck _____ |
| | Garage _____ |
| | Pool _____ |
| BASEMENT SQUARE FEET | Finished _____ |
| | Unfinished _____ |

Please describe the work you will be doing:

| Owner | Name | Email |
|-------|---------|------------------|
| | Address | Fax No. |
| | City | Telephone No. |
| | State | Zip Cell No |

| PERMIT FEES | |
|-----------------------|----------|
| BUILDING | \$ _____ |
| PLAN REVIEW | \$ _____ |
| FIRE DEPT PLAN REVIEW | \$ _____ |
| OTHER | \$ _____ |
| TOTAL FEE | \$ _____ |

| Contractor | Name | Email |
|------------|---------|-------------------|
| | Address | Fax No. |
| | City | Telephone No. |
| | State | Zip Cell No. |

ADDITIONAL ACKNOWLEDGEMENTS

- 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 this permit.
- Any questions as to code requirements or practices shall be resolved prior to initiation of the project.

| Architect or Engineer | Name | Email |
|-----------------------|---------|-------------------|
| | Address | Fax No. |
| | City | Telephone No. |
| | State | Zip Cell No. |

SIGNATURE OF OWNER OR AUTHORIZED AGENT FOR OWNER
 X _____ DATE: _____

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: _____

ADMINISTRATIVE OFFICIAL

I hereby acknowledge that I have read this application and state that the above address is correct. I agree to comply with all city ordinances and state laws regulating building construction. I further agree and understand that the City of Windsor Heights has not, by issuance of this permit, reviewed, nor does it make any representation concerning, any covenants or any restrictions where there be covenants or other restrictions prohibiting the proposed.