



City of Windsor Heights

COMMERCIAL MECHANICAL PERMIT

PERMIT NO. _____

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

PERMIT FEE SCHEDULE

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

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:

MECHANICAL	No.	Price	Fee
BASIC FEE	-	\$75.00	
Furnace or Heater		\$20.00	
Air conditioner		\$20.00	
Water heater		\$20.00	
Appliance vent		\$20.00	
Boiler		\$20.00	
Ventilation fan		\$20.00	
Fireplace or solid fuel burning appliance		\$20.50	
Gas piping (per outlet)		\$20.00	
Hood		\$20.00	
TOTAL	-	-	

Please describe the work you will be doing:

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 by be covenants or other restrictions prohibiting the proposed.

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.

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