



City of Windsor Heights

www.windsorheights.org

BUILDING PERMIT

PERMIT NO. _____

WINDSOR HEIGHTS
the heart of it all

1145 66th Street, Suite 1 • Windsor Heights, Iowa 50324 • 515-279-3662 • Fax 515-279-3664

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

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

Contractor	Name	Email
	Address	Fax No.
	City	Telephone No.
	State	Zip

- 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

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.