



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

**PERMIT FEE SCHEDULE**

Date of Application: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Review Date: \_\_\_\_\_

PLUMBING	No	Price	Fee
<b>BASIC FEE</b>	-	\$75.00	
Street excavation		-	
Sewer service line and Water Line		-	
Grease Traps		-	
Storm sewer service line		-	
Other		-	
Gas piping (per outlet)		-	
Backflow preventer		-	
<b>TOTAL</b>	-	-	

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:

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.

Please describe the work you will be doing:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To schedule an inspection, please call 515-333-4161. A 24 hour notice is needed.

**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.

Payment Received Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**WHEN APPROVED BELOW THIS BECOMES YOUR PERMIT**

ISSUED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
BUILDING OFFICIAL