

119 E Front St. P.O. Box 370 Stuart, IA 50250 | Ph: 515-523-1455 | Email: stuart5@coonvalleytelco.com

**ATTACH SITE PLAN, DRAWINGS, AND/OR BUILDING PLANS**

JOB SITE		BUILDING SQUARE FOOTAGE	
<b>ADDRESS:</b> _____ <b>NAME:</b> _____ <b>DATE:</b> _____		TOTAL Unfinished _____ TOTAL Finished _____	
<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. _____ )		<div style="background-color: #2c5e8c; color: white; padding: 2px;"><b>DESCRIPTION OF PROJECT:</b></div>   	
<b>ZONING/DISTRICT</b> _____ <b>Is property in a Flood Plain?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>MPU Elevation</b> _____			
		<b>PERMIT FEES</b>	
Owner	Name _____ Email _____	<b>Building Permit \$</b> _____  <b>Variance Fee: \$</b> _____  <b>Sewer Tap: \$</b> _____  <b>Street Cut : \$</b> _____  <b>Public Water Conn. \$</b> _____  <b>New Electrical Svc. \$</b> _____  <div style="text-align: right;"><b>TOTAL \$</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span></div>	
	Address _____ Fax No. _____		
	City _____ Telephone No. _____		
	State/Zip _____ Cell No _____		
Contractor	Name _____ Email _____	<div style="text-align: center;"><b>ADDITIONAL ACKNOWLEDGEMENTS</b></div> <ul style="list-style-type: none"> <li>Except as provided by law, where any work has been started prior to obtaining this permit, the regular fee shall be doubled.</li> <li>This permit shall expire if work has not commenced or has been abandoned for 120 days.</li> <li>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.</li> <li>The permittee acknowledges they are proficient in the performance of the work covered by this permit.</li> <li>Fill out this application and submit with PDF plans to City Hall.</li> </ul>	
	Address _____ Fax No. _____		
	City _____ Telephone No. _____		
	State/Zip _____ Cell No. _____		
Architect-Engineer	Name _____ Email _____	<div style="background-color: #2c5e8c; color: white; padding: 2px;"><b>SIGNATURE OF OWNER OR AGENT</b></div> <b>X</b> _____ Date _____	
	Address _____ Fax No. _____		
	City _____ Telephone No. _____		
	State/Zip _____ Cell No. _____		
Sub-Contractors	Company Name: _____ Phone: _____ State Lic. # _____	<p style="color: #a52a2a; font-weight: bold;">To schedule and inspection or if you have any questions contact Veenstra and Kimm at 515-850-2980 or Email: <a href="mailto:buildinginspection@v-k.net">buildinginspection@v-k.net</a></p>	
	Company Name: _____ Phone: _____ State Lic. # _____		
	Company Name: _____ Phone: _____ State Lic. # _____		
<b>ISSUED BY:</b> _____ <span style="float: right;"><b>Date:</b> _____</span> <div style="text-align: center; font-size: small;">BUILDING OFFICIAL</div>			