

Permit No. \_\_\_\_\_

Permit Fee:\$ \_\_\_\_\_



# CITY OF SHENANDOAH, IOWA BUILDING PERMIT APPLICATION

Owner's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Property Location: \_\_\_\_\_

Zoning District: \_\_\_\_\_

**Briefly describe** (Please Circle—New Commercial Building, New Residential Home, Alteration, Addition, Accessory Building, Fence): \_\_\_\_\_

Plot Plan\*\*

Estimated Value:\$ \_\_\_\_\_

**\*\*PLEASE DRAW PLANS SHOWING THE ACTUAL DIMENSIONS AND SHAPE OF THE LOT TO BE BUILT UPON; AND THE LOCATION AND DIMENSIONS OF THE PROPOSED BUILDING ALTERATION, SHOWING THE DISTANCE FROM EACH PROPERTY LINE ADJACENT TO THE PROPOSED BUILDING OR ALTERATION TO THAT POINT ON THE PROPOSED BUILDING OR ALTERATION CLOSEST TO THE RELEVANT PROPERTY LINE. IT IS THE SOLE RESPONSIBILITY OF THE PROPERTY OWNER TO KNOW WHERE THEIR PROPERTY LINES ARE LOCATED AND TO PROVIDE ACCURATE MEASUREMENTS. ISSUANCE OF A PERMIT IN NO WAY IMPLIES CITY VERIFICATION OF PROPERTY LINE LOCATION OR OTHER INFORMATION PROVIDED WITH THIS APPLICATION.**

Expected Date Construction is to begin: \_\_\_\_\_

*I hereby acknowledge that I have read this application and state that the above information is correct and agree to comply with all City Ordinances and State Laws regulating building construction. I acknowledge that all work must meet the 2015 International Residential Code and International Building Code as adopted by the City of Shenandoah and is subject to inspection by the City. The building inspector must be contacted prior to the commencement of any work and to schedule any required inspections.*

\_\_\_\_\_  
Signature of Property Owner

Date: \_\_\_\_\_

OR

\_\_\_\_\_  
Signature of Applicant (If not Property Owner)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized City Official

Date

Permit Expires: \_\_\_\_\_