



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

# CITY OF SHENANDOAH, IOWA UTILITY PERMIT APPLICATION

Received Stamp

### GENERAL INFORMATION (check those that apply)

#### Type of utility installation:

Above Ground     Underground

#### Indicate structures accompanying installation and their location.

Utility Pole     Utility Box     Cable     Gas     Electric     Telephone

Other \_\_\_\_\_

#### Type of surface:

Concrete     Bituminous     Gravel     Sod     None

#### Excavation on:

City Right of Way     Private Property

#### Property Type:

Commercial     Residential

#### Type of Activity:

New Construction     Repair

### PROPERTY INFORMATION

Site Address / Proposed Location: \_\_\_\_\_

Description of Proposed Project: \_\_\_\_\_

\_\_\_\_\_

Estimated Start Date: \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

### APPLICANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Installer: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This application and any permit that may be granted in response thereto are subject to all the laws of the State of Iowa, and all ordinances of the City of Shenandoah, Iowa, and the rules and regulations of the State and local Board of Health, that may have a bearing on the same.

\_\_\_\_\_, applicant, being fully advised, hereby certifies that he/she is the owner or that he/she is authorized and empowered to represent the owner, who makes the accompanying application, plat, plans and specification are true. Further, the applicant agrees to all statements contained in this application.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE:**

**OFFICE USE ONLY**

DATE PAYMENT RECEIVED: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

PERMIT ISSUED: \_\_\_\_\_

PERMIT EXPIRES: \_\_\_\_\_

EXAMINED AND DENIED DATE: \_\_\_\_\_

DESCRIPTION OF DENAIL: \_\_\_\_\_

\_\_\_\_\_  
CITY ADMINISTRATOR

\_\_\_\_\_  
WASTEWATER SUPERINTENDENT

\_\_\_\_\_  
WATER SUPERINTENDENT

\_\_\_\_\_  
STREET DEPT. SUPERINTENDENT

