

IOWA

CALL FOR INSPECTIONS 3337-886-6069

RESIDENTIAL PLAN REVIEW PERMIT APPLICATION

Plan Review Permit # _____

Project Name: _____

Project Location: _____

Owner: _____

Owner's Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Building Contractor: _____

Building Contractor's Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

License # _____

_____ Plan Review \$70.00

Please check one that applies.

(NOTE: Each Plan Review is sold SEPARATELY.)

- _____ New Residence
- _____ Addition/Renovation
- _____ Duplex
- _____ Modular Home
- _____ Home to be moved
- _____ Home to be elevated
- _____ Detached Storage Building
- _____ Generator
- _____ Solar Panels
- _____ Swimming Pools
- _____ Other (please specify) _____

Total Plan Review Fee \$ _____

Paid by: _____ Money Order _____ Check # _____

Applicant Signature: _____ Date: _____

City Official: _____ Date: _____

*****Note*** Permit will expire 180 days after issue date.**