Application for Building Permit



City Clerk's Office, 403 Third St, Ida Grove, Iowa 51445 712-364-2428 connect@idagroveia.com

Applicant Information			
Permit Applicant Name:		Application Date:	
Mailing Address:		Phone:	
		Secondary Phone:	
State/Zip:			
Email:			
Project Information			
Property Owner Name:		Property Zoning:	
Property Address:		Property Use:	
Contractor:			
Legal Description:			
Front Yard Setback:	Side Yard Setback:	Rear Yard Setback:	
Detailed Description of Project:			

9
INDICATE NORTH BY ADDING THE LETTER (N)



SIMPLE PLOT/SITE PLAN

ADDRESS PARCEL#

#LOT# SUBDIVISION

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	DISTRICT	200 200 200 200 200 200 200 200 200 200	Checklist	☐ LOT SIZE AND DIMENSIONS	LOCATION BUILDINGS,		BUILDING SIZE	□ NUMBER OF STORIES	□ NEW CONSTRUCTION OR		ZONING DISTRICT	PROPERTY LINES	SETBACKS	PLANS FOR BUILDINGS		INDICATE ALLEYS	COCULOS IL LUCIONI		DATE RECEIVED	REVISION		DOCCUMENT #P2001	City Clerk's Office, CitOVE 403 Third St, Ida Grove, Iowa 51445
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STREET		SIDEWALK																			SIDEWALK		C.
BACH 1/4" SOLIARE EQUALS FEET																							

_	cial zones that are or were used for co disposal. Applicant's initials		nust follow lowa DNR	regulation re	garding	
	ontact Iowa DNR Field Office in Spence		- 712-262-4177			
prevent a city official from the preventing building operation the person doing the work a of the person requesting any Completing this document design of the person requesting any completing this document design.	TS AND INSPECTIONS *This issuance of thereafter requiring the correction of erons being carried on in violation of this authorized by a permit to notify the city y inspections required by this code to ploes not constitute a permit; no work conits. Civil penalties from \$750 to \$1000	rors in said pla code or any otly official that su provide access t an start withou	ns, specifications and her ordinances of the ich work is ready for i to and means for insp it approval of the con	other data, o City. It shall b nspection. It s ection of such	or from be the duty of shall be the duty n work.	
purpose of securing to indivit than for the purpose of prot warranties of any kind what: examinations performed une equipment and premises to minimum requirements for p Code shall alleviate the own fulfill the requirements of the operating or controlling any property caused by defects of damages to any person or patherein, or for any act or failu	TY FOR DAMAGES *This code (any codiduals the enjoyment of rights and prividecting any individual from harm. The Cosoever, express or implied, with respect der this Code but said inspections are meet certain minimum requirements of protection of the health, welfare and said er of any building, structure, equipment is Code nor shall this Code be constructed building, structure, equipment or prenor code violation. The City, its officers, are to act in the enforcement of this Costs BIBILITY *Owners and operators, or the	ileges to which ity, its officers, at to the complemade solely to a fithis Code, an afety of person at and premises at to relieve or nises regulated employees or a uthorized by the de.	they are entitled as a employees or agents eteness or thoroughn assist the owner of and to compel, if necess and property. Noth to make an independessen the responsible herein from any damagents shall not be he is Code or investigation	members of the make no repress of the insport building, stress of the owners of the owners of the condent inspection lity of any pernages of any plus as assuming ons, or any appress of the inspection of the inspectio	ne public, rather resentations or pections and ructure, er to meet the ntained in this on in order to reson owning, erson or g any liability for provals issued	
provisions of ADA and ADAA Plan review and inspection of	G are responsible for compliance with does not reduce or alleviate the owner'	any applicable	requirements contai	ned within the	ose documents.	
^^Please allow a minimum o	f 5 business days for processing.					
Accessibility sections listed by	ead this application, including the Notic pelow, and I agree to comply with all Ci acknowledge my responsibility for this p	ty Ordinances,	State and Federal Lav	ws regulating I		
SIGNATURE OF APPLICANT		DATE				
For Office Use Only						
Received By:	Date Filed:			Permit #		
Planning & Zoning Recommendation:	Signature of Chair:	P&Z		Date:		
Signature of Board of Adjustment Chair:			Date:	·		
Signature of City Clerk:			Approval Date:			
Secondary Signature:			Approval Date:			