

BUILDING OR MOVING PERMIT
CITY CLERK'S OFFICE, ALTA, IOWA

This undersigned owner of the property described herein requests permission to erect or move the improvements for the use and in the location and manner set forth in the detail below. The owner agrees that the improvements and the use of the property will be in accordance with the Ordinances of the City of Alta and the laws of the State of Iowa which apply to the improvements and its use including compliance with the Building Codes of the City of Alta, Iowa. The Owner FURTHER AGREES THAT NO FOOTING DRAINS OR EXTRANEIOUS WATER DRAINS WILL BE CONNECTED DIRECTLY OR INDIRECTLY TO THE CITY'S SANITARY SEWER SYSTEM, AND SUBSCRIBES TO THE STATEMENT HEREIN AS A BASIS FOR THE ISSUANCE OF THE BUILDING PERMIT.

_____ Owner _____ Address

By _____ Date
Authorized Agent

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APPLICATION DATA SUBMITTED

1. LOT LOCATION BY# _____ BLOCK# _____
ADDITION _____ ZONE TYPE _____
2. STREET ADDRESS _____
3. PROPOSED IMPROVEMENT _____ LOT SIZE _____
4. PROPOSED USE _____ NO. FAMILIES _____
5. KIND OF CONSTRUCTION _____ FOUNDATION SIZE _____
6. NUMBER OF STORIES _____ NUMBER OF ROOMS _____ KIND OF HEAT _____
7. ROOFING MATERIAL _____ GARAGE SIZE _____ NO. OF CAR _____
8. ESTIMATED PROJECT COST \$ _____ FRONT FACES _____
9. WILL SEWER AND WATER CONNECTIONS BE NEEDED _____
10. OTHER UTILITIES NEEDED _____ LOCATES NEEDED _____
11. PLANS BY _____ CONSTRUCTION BY _____
12. PERMIT FEE \$ _____ VARIANCE FEE \$ _____ PAID CHECK # _____

Contact Info:

Owner Phone: _____ Owner Email: _____

Contractor Phone: _____ Contractor Email: _____

*****IF LOCATES ARE NEEDED, PLEASE CALL IOWA ONE CALL AT 811*****

Description of work:

Please, attach a separate drawing using the following information.

Show lot dimensions and the exact location of the proposed improvement on the lot with distances to front, side, and rear property lines, also principal dimensions of the building or addition to be constructed.

Do Not Use This Space

- Application approved. (Permit granted)
- Application rejected. (Reason on reverse side)

Date Approved _____

CODE OFFICER _____