

200 South Taylor St., Mount Ayr Iowa 50854 | Ph: 641-464-2402 | Email: brentwise@mountayriowa.com

Please fill in boxes that apply

Email: dduganmountayr@outlook.com

PERMIT TYPE

	Residential:	Fire Zone: Circle One
	Commercial:	Yes or No
	Valuation:	Permit #:
	Date of Application:	



APPLICANT INFORMATION

	Applicant/Co. Name:	Owner: Circle one:
	Address:	Yes or No
	City:	Zip:
	Phone #:	Fax #:
	Email:	

CONTRACTOR INFORMATION

Name:	
Address:	
City:	
Phone#:	
Zip:	
Fax#:	
Email:	

DESCRIPTION OF WORK

	Use of Building:	
	<i>*Please mark one of the following*</i>	
	Existing Use:	
	Single Family Dwelling:	Duplex:
	Apartment/Condo:	Commercial:
	Other:	

PROPOSED USE:

Single Family Dwelling:	
Apt.:	
Condo:	
Other:	
Duplex:	
Commerical:	

PERMIT FEES

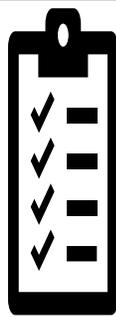
	Building: \$	Shed: \$
	Deck: \$	Pool: \$
	Total Permit Fees: \$	

BUILDING/PLOT PLAN



Please describe and/or draw in good detail the extent of work being completed
If a drawing is provided boundaries, dimension's, and total area of proposed development needs identified

BUILDING PERMIT CHECKLIST



<i>* Plot plans showing the property lines, existing structures, easements, north arrow, and streets.</i>
<i>* Floor plans: Yes or No, Provide plans if answered Yes. (if applicable)</i>
<i>* Deck plans: Yes or No, Provide plans if answered Yes. (if applicable)</i>
<i>* Required Illustration: Boundary lines, dimensions and total area of proposed development</i>
<i>* Sewer connection form filled out and fee's paid (if applicable) .</i>
<i>* Water Connection form filled out and fee's paid (if applicable).</i>
<i>* All permit fees paid in full.</i>
<i>* Flag or stake the boundaries at the site of the location for the new structure.</i>

SIGNATURE OF OWNER/CONTRACTOR: ***BUILDING OFFICIAL APPROVAL:*** ***DATE:***