

BUILDING PERMIT APPLICATION

CITY OF EYOTA

545-2135

Date Received: _____ Received By: _____ Permit # _____

-----APPLICANT COMPLETE INFORMATION BELOW-----

Project Address: _____ or PID # _____

Legal Description: _____

Property Owner: _____ Phone _____

General Contractor: _____ License # : _____ Phone: _____

Plumbing Contractor: _____ License # : _____ Phone: _____

Mechanical Contractor: _____ Phone: _____

Proposed Use [Check One]: Dwelling ___ Private Garage ___ Deck ___ Home Addition ___

Pole Building ___ Finish Basement ___ Three Season Porch ___ Business/Commercial ___

Fireplace ___ Reroof ___ Siding ___ Furnace ___ Water Heater ___ Other _____

Description of Project: _____

Setbacks: Front: _____ Rear _____ Side _____ Side _____

Use and occupancy: _____ Type of Construction: _____

Estimated Value: _____ Lot Size/Dimensions: _____ Lot Coverage/OK _____

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

REFUND POLICY: Upon request of cancellation of building permits, refunds will be based on expenses for office time, inspections, and zoning fees that were completed prior to the cancellation notice.

Name [print]: _____ Address: _____

City: _____ Zip: _____ Phone: _____

Signature: _____ Date: _____

-----CITY USE ONLY-----

PLANNING: Zoning District: _____ Minimum Setbacks Required: Front _____

Side _____ Rear _____ Road Right of Way _____ Easement _____

Other: _____

Approved By: _____ Date: _____

Subject to the following conditions: _____

BUILDING: Approved By: _____ Date: _____

-----FEES-----

Building Permit: _____ Plan Review: _____ State Surcharge: _____

Plumbing Permit: _____ Plan Review: _____ State Surcharge: _____

Mechanical Permit: _____ Plan Review: _____ State Surcharge: _____

Sewer Connect: _____ Sewer Permit Insp: _____ Water Impr Fund: _____

Water Meter Chg: _____ Sanitary Dist Chg: _____ Water Connection: _____

Flat Fee: _____ Flat Fee Surcharge: _____ Zoning Fee: _____

Total Amt. Due: \$ _____