TRADE PERMIT APPLICATION

CITY OF UNIVERSITY PARK

PO Box 102, University Park, IA 52595

Job Address:		PERMIT #
Legal Description:		Zoning:
Use of Building:		
Description of Work	:	
Occupant Name:	Email Address:	Phone:
Owner Name:	Email Address:	Phone:
Contractor Name:	Email Address:	Phone:
Contractor State License Number:	MASTER LICENSE #: (if applicable)	
Architect or Designer:	Email Address:	Phone:
Engineer:	Email Address:	Phone:
NOTE: Permit	t fees are applicable to both new construction and re	model projects.
	☐ Temporary Electric Service	\$75.00
	□ Electric - All Other	\$75.00
	□ Plumbing	\$75.00
	☐ Mechanical	
		TOTAL:
By signing ho	elow, the applicant understands and agrees to the fol	lawing:
ALL WORK MU	JST BE INSPECTED! No work is to be concealed or co	vered until approved by the inspector. Work that is not inspected is stacting Safe Building at 515.333.4161 a minimum of 1 business day
	ne event that a permit expires, a new permit must b	m the approval date or if work does not begin or is abandoned for ee obtained. Where work is begun before a permit is approved the
	e performed by a State of Iowa licensed contracto be directed to Safe Building at 515.333.4161.	r. Contractor is presumed knowledgeable of the applicable Code.
Signature of Applicant: D		Date:
Please Print Name:		
When signed b	pelow and dated, this becomes your approved permit.	
APPROVED:		Date:
PLEASE NOTE:		

