

BUILDING PERMIT APPLICATION

Submit **COMPLETED** Applications to:

cityofcambridge@huxcomm.net or

City of Cambridge

Physical Address: 225 Water St

Mailing Address: PO Box 216

Cambridge, Iowa 50046

Phone: (515) 220-4541

***IMPORTANT - Complete All Information Requested and Include SITE PLAN & BUILDING PLAN(S)**

| | NAME | ADDRESS | PHONE NUMBER |
|--------------------|------|---------|--------------|
| Owner | | | |
| Contractor | | | |
| Architect/Engineer | | | |

| | NAME | E-MAIL ADDRESS | PHONE NUMBER |
|-----------------|------|----------------|--------------|
| Primary Contact | | | |

Legal Description of Property _____

Building Address _____

Description of Work _____

Basement Finish (SF) _____ Deck (SF, Covered/ Uncovered) _____

Fence (linear feet, material, height) _____

Estimated Cost of Work _____ Size (Sq. Ft.) _____

The final determination of value for calculating the permit fee will be made by the building official.

It is the responsibility of the applicant to ensure the completion of application.

The owner of this building and the undersigned agree to conform to all applicable laws of the City of Cambridge and the State of Iowa.

Signature of Applicant _____ Print Name _____ Application Date _____

DO NOT WRITE IN SPACE BELOW - FOR OFFICE USE ONLY

CONSTRUCTION FEES/PERMITS

BUILDING PERMIT _____
PLAN REVIEW _____
OTHER _____

FEE

CITY PERMIT #: _____

SB PERMIT #: _____

CITY FEES/PERMITS

WATER CONNECTION FEE (\$175.00) _____
SEWER CONNECTION FEE (\$175.00) _____
ADMINISTRATIVE FEE (\$25.00 x ____) _____

TOTAL _____

FOR INSPECTIONS CONTACT: SAFE BUILDING: 515-333-4161

Work Authorized by This Permit Must Begin Within 6 Months of Permit Approval Date.

This application becomes your permit when approved by the city building department below.



Approved By _____ Valuation _____ Approval Date _____

Notes:

SITE PLAN

Number of Buildings Now on Lot_____Use of Buildings Now on Lot_____

Proposed Use for New Improvement_____