BUILDING PERMIT APPLICATION

Submit **COMPLETED** Applications to:

cityoflindenia@gmail.com or

Linden City Hall PO Box 46

131 S Main St

Linden, Iowa 50146 Phone: (641) 251-2325

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

	NAME		ADDRESS	PHONE NUMBE
Owner				
Contractor				
Architect/Engineer				
	NAME		E-MAIL ADDRESS	PHONE NUMBE
Primary Contact				
Legal Description of	Property			
Building Address				
Description of Work				
Basement Finish (SF))	Deck (SF, Cov	vered/ Uncovered))
Estimated Cost of Wo	orkalue for calculating the pern	Size	e (Sq. Ft.) building official.	
It is the responsibility of the owner of this building a				en and the State of Iowa.
Signature of Applicant		Print Name		Application Date
FOR INSPECTIO This application become				
	DO NOT WRITE	IN SPACE BELOW -	FOR OFFICE USE	
CONSTRUCTION FEE		<u>FEE</u>	DATE PAID	PERMIT NO.
BUILDING PERMIT PLAN REVIEW OTHER			_ _ _	
CITY FEES/PERMITS				
RESERVED				
<u>TOTAL</u>				
Approved By		Valuation _		Approval Date6 months of permit approval da
Notes:	Work a	uthorized by this permi	t must begin within	6 months of permit approval da

SITE PLAN

Number of Buildings Now on Lot	Use of Buildings Now on Lot				
Proposed Use for New Improvement					