

Building Permit – Contractor Registration

City of Story City

504 Broad Street | 515-733-2121

Contractor:	
State Contractor Registration Number:	
Address:	
City:	State:
Email:	
Phone:	

I am aware that the City Code requires that every registrant shall carry contractor’s public liability insurance and provide a certificate of insurance to the city in the amount of \$500,000 prior to commencing work.

I do here in affirm and promise that I have insurance in effect and will not perform any work for which this registration is required unless such insurance is in effect and remains in effect, and shall direct my insurance company to notify the City of Story City if not renewed.

I understand that failure to carry this insurance and maintain State registration is a violation of City Code and may be punishable by a Municipal Infraction Citation and the revocation of my registration.

Signature of Applicant: _____ Date: _____

REGULAR INSPECTIONS ARE REQUIRED. CONTACT SAFE BUILDING 515-333-4161

PLEASE FILL OUT FOR NEW HOME CONSTRUCTION ONLY

BILLING INFORMATION FOR ELECTRIC AND WATER/SEWER UTILITIES SHOULD BE SENT TO:

NAME: _____

BILLING ADDRESS: _____

CONTACT PHONE NUMBER : _____