

CITY OF UNIVERSITY PARK
PO Box 102

BUILDING
APPLICATION & PERMIT

Use Zone	Rec'd By	Date Submitted	Date Issued	Permit No.
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OWNER NAME	Bldg Site Address	Phone Number
Lot No.	Sub division	
ARCHITECT / DESIGNER	Address/phone	
CONTRACTOR NAME	Address/phone	
ELECTRICAL CONTRACTOR	Address/phone/Lic#	
MECHANICAL CONTRACTOR	Address/phone/Lic#	
PLUMBING CONTRACTOR	Address/phone/Lic#	

I understand that construction on any easement will be at my own risk and responsibility and that I will be liable for any necessary removal should it become necessary. I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all city ordinances and state laws regulating building construction and 2009 International Energy Conservation Code. I further agree and understand that the City of Colfax has not, by issuance of this permit, reviewed, nor does it make any representation concerning, any covenants or any restrictions where there may be covenants or other restrictions prohibiting the proposed improvement.

Signature of Owner of Authorized Agent _____

Date _____

PROJECT DESCRIPTION	TO BE FILLED OUT BY CITY PERSONNEL		
Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Multifamily <input type="checkbox"/>	Valuation	Footage	
New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Moving structure <input type="checkbox"/> Demolition <input type="checkbox"/>		PERMIT FEE	DATE PAID RECEIPT NO.
Dimensions _____ Number of Sq/ft _____ Height _____ Number of Stories _____	BUILDING PLAN REVIEW		
Garage: Slab <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Basement: Finished <input type="checkbox"/> Unfinished <input type="checkbox"/>	CITY FEES		
Sidewalk <input type="checkbox"/> Driveway <input type="checkbox"/> Curb Cut <input type="checkbox"/> Sign Type _____	OTHER FEES		
DESCRIPTION OF WORK (ATTACH SITE PLAN)	TOTAL		

REGULAR INSPECTIONS & 24 HOUR NOTICE ARE REQUIRED
CONTACT SAFE BUILDING 515-333-4161



WHEN APPROVED BY THE CITY BUILDING DEPT THIS BECOMES YOUR PERMIT

APPROVED BY	DATE
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REMARKS: