TRADE PERMIT APPLICATION



CITY OF VAN METER

310 Mill Street, PO Box 160, Van Meter, IA 50261 info@vanmeteria.gov

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	fees are applicable to both new construction a	nd remodel projects.
	☐ Temporary Electric Service	\$75.00
	☐ Electric - All Other	\$75.00
	□ Plumbing	\$75.00
	☐ Mechanical	
	L Modifical	TOTAL:
		101AL
By signing hal	ow the applicant understands and agrees to th	o following:
	ow, the applicant understands and agrees to th	
considered una _l		or covered until approved by the inspector. Work that is not inspected is r contacting Safe Building at 515.333.4161 a minimum of 1 business day
	e event that a permit expires, a new permit m	r from the approval date or if work does not begin or is abandoned for ust be obtained. Where work is begun before a permit is approved the
	performed by a State of Iowa licensed contre e directed to Safe Building at 515.333.4161.	ractor. Contractor is presumed knowledgeable of the applicable Code.
Signature of Applica	ıt:	Date:
Please Print Name:		
When signed be	elow and dated, this becomes your approved permit.	
when signed be	thow and dated, this becomes your approved permit.	
APPROVED:		Date:



PLEASE NOTE: