

# BUILDING PERMIT APPLICATION

Submit **COMPLETED** Applications to:

[office@safebuildingiowa.com](mailto:office@safebuildingiowa.com) or

Safe Building

PO Box 107

302 W Broadway St

Polk City, IA 50226

515-333-4161



**WINDSOR  
HEIGHTS**  
the heart of it all

**\*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) \_\_\_\_\_

Estimated Cost of Work \_\_\_\_\_ Size (Sq. Ft.) \_\_\_\_\_

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

<u>CONSTRUCTION FEES/PERMITS</u>	<u>FEE</u>	<u>PERMIT NO.</u>
BUILDING PERMIT .....	_____	_____
PLAN REVIEW .....	_____	
OTHER .....	_____	
<u>CITY FEES/PERMITS</u>		
FIRE DEPARTMENT PLAN REVIEW .....	_____	
OTHER .....	_____	
<u>TOTAL</u> .....	_____	

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 Windsor Heights and the State of Iowa.

Signature of Applicant \_\_\_\_\_ Print Name \_\_\_\_\_ Application Date \_\_\_\_\_

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

**Work Authorized by This Permit Must Be Completed Within 12 Months of Permit Approval Date.**

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



**DO NOT WRITE IN SPACE BELOW - FOR OFFICE USE ONLY**

Approved By \_\_\_\_\_ Valuation \_\_\_\_\_ Approval Date \_\_\_\_\_

Notes: