

City of West Burlington BUILDING/SIGN PERMIT APPLICATION

City Hall, 122 Broadway St. Ph: (319) 752-5451 Fax: (319) 752-8425

A permit must be obtained prior to starting any construction, alteration or placement of signage. Applications must be submitted with one original set of certified plans, computations and specifications prepared and signed by an engineer or architect licensed in the State of Iowa.

GENERAL :	INFORMATION			
Application Dat	te:		<u>C</u>	City Use Only
Property Owner	r and/or Business Name:		Buildi	ng Code:
Site Address:		-	Type (Code:
Mailing Addres	ss for Permit (if different than site address):	_		
City/State/Zip:		_	Fee Co	ode:
Applicant Name	e: Position:	_	Zoning	g District:
Email Address:		-		Approved
Phone:				Denied
		l		
SITE INFO	RMATION			
Lot Dimensions	s: Front Yard:ft. Side Yard (1):ft. Side Yard (2):	ft.	Rear Yard	ft.
Are there any re	ecorded roadways or utility easements on your property? If yes, describe	type and loca	ntion:	
Off-Street Parki	ing? Yes No Off-Street Loading:	Yes	_ No	
PROJECT I	INFORMATION Are you requesting a new	v vvotan and/a		All trenches for new
Estimated cost of	Are you requesting a new of construction: \$ sewer connection?		^r	water and/or sewer
		N.T.		connections must be inspected prior to
	action (mark all that apply): idential Construction Accessory Building Addition	Fenc	e e	backfilling. Contact
Con	nmercial Construction Driveway	Den	nolition	City Hall at 319-752-5451 to
	Sidewalk Sidewalk			schedule inspections.
Describe your p	proposed construction, alteration or signage:			
	e e e e e e e e e e e e e e e e e e e	c. on		c.
•	ture: ft. Square ft. of structure: 1st Floor:		d Floor:	It.
Basement: (che	cck one) Finished Unfinished N/A	Not	applicable	
CONTRAC	TOR INFORMATION			
		Dhonor		
Contractor Name:City/State/Zip:				
Contractor Add.	nessCity/State/Zip			
APPLICAN'	T SIGNATURE			
	I hereby certify that I have read and examined this application and know the same to be			
Permits are valid	ordinances covering this type of work will be completed whether specified herein or no authority to violate or cancel the provisions of any other state or local law regulating co			
for 180	Signatura	Dotos		
days.	Signature:	Date		(OVED)
	Print Name:			(OVER)

Include a sketch of ocation/distance f	f your project stating distance from surrounding property lines, size of structure and from other existing structures if applicable.	
	4	
Comments:		
CITY USE ONI	L Y	
CITT USE ON	APPROVED DENIED Reason denied:	
Date:	Building Inspector:	