



# BUILDING PERMIT

 Residential Commercial

Permit# \_\_\_\_\_

Development Services Department | 220 South Market Street Oskaloosa, IA 52577 | Ph: 641-673-7472 Fax: 641-673-3733

TYPE OF PERMIT:  Building  Fence  Shed/Garage  Deck/Porch  Other**ATTACH SITE PLAN, DRAWINGS, AND/OR BUILDING PLANS**

JOB SITE		BUILDING SQUARE FOOTAGE	
ADDRESS: _____		Level 1 _____	Shed/Garage _____
NAME: _____		Level 2 _____	Deck/Porch _____
DATE: _____		Basement/Finished _____	ERU's _____
		Basement/Unfinished _____	(1 Per 2750 SF Impervious Surface)
<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Civic <input type="checkbox"/> One/Two Family <input type="checkbox"/> Multi (No. _____)		Valuation of Work: \$ _____	
ZONING DISTRICT _____ VARIANCE NO. or CONDITIONAL USE _____		<b>DESCRIPTION OF PROJECT:</b>	
<b>Owner</b>	Name _____	Email _____	
	Address _____	Fax No. _____	
	City _____	Telephone No. _____	
	State/Zip _____	Cell No _____	
<b>Contractor</b>	Name _____	Email _____	
	Address _____	State Lic.# _____	
	City _____	Lic. Exp Date _____	
	State/Zip _____	Phone No. _____	
<b>Architect-Engineer</b>	Name _____	Email _____	
	Address _____	Fax No. _____	
	City _____	Telephone No. _____	
	State/Zip _____	Cell No. _____	
<b>Sub-Contractors</b>	Company Name: _____	Phone: _____	
		State Lic. # _____	
	Company Name: _____	Phone: _____	
	State Lic. # _____		
	Company Name: _____	Phone: _____	
	State Lic. # _____		
		<b>PERMIT FEES</b> Office Use Only	
		FENCE	\$ _____
		SHED	\$ _____
		DECK	\$ _____
		BUILDING	\$ _____
		PLAN REVIEW FEE	\$ _____
		<b>TOTAL PERMIT FEE</b>	\$ _____
<b>ADDITIONAL ACKNOWLEDGEMENTS</b>			
<ul style="list-style-type: none"> <li>Except as provided by law, where any work has been started prior to obtaining this permit, the regular fee shall be doubled.</li> <li>This permit shall expire if work has not commenced or has been abandoned for 120 days.</li> <li>ALL WORK MUST BE INSPECTED. It is the responsibility of the permittee to call for inspections. No work shall be concealed or covered until approved by the inspector. The permittee acknowledges they are proficient in the performance of the work covered by this permit and take full responsibility for location of all property</li> <li><b>Note: Re-inspection fee is \$35</b></li> </ul>			
<b>SIGNATURE OF OWNER OR AGENT</b>			
		X _____ Date: _____	
<b>To schedule an inspection, or have any questions please call Oskaloosa Development Services at: 641-673-7472 A 48 hour inspection notice is needed.</b>			
		<input type="checkbox"/> Payment Received    Date: _____    Amount: \$ _____	
		Approved: _____ DATE: _____	
BUILDING OFFICIAL			