Building Permit Application

City of Story	City			504 Broad Street 515-733-2121		
Project Address:						
Legal Description:						
Project Description:						
Select all that apply: Detached Single Family New	☐ Duplex☐ Addition	☐ Attached Single Family ☐ Detached Garage	☐ Repair/Addition☐ Attached Garage	☐ Finished Basement☐ Unfinished Basement	Other	
Applicant:			Email:			
Address:			Phone:			
City:		State:	Valuation:			
Lot of Tract Area: Front Yard Setback: Side Yard Setbacks:		Zoning District:				
Rear Yard Setback:						
Off-Street Parking: By signing below, the	e annlicant un	derstands and agrees to	the following			
I hereby acknowledge	e that I have re nat it is my res	ead this application and so ponsibility to understand	ate that the above is		ate	
Signature of Applica	ant:			Date:		
	Applicant is:	□Property Owner	□ Contractor			
When signed and d	ated below, a	nd total fees are paid, th	is becomes your ap	oproved permit.		
DATE ISSUED:	PERM	IT NUMBER:				
APPROVED BY:			Valuation:		\$	
ALLINOVED DI.			Building Permi Plan Review Fe		\$	
			City Fees (WT/		\$	
PLEASE NOTE:			Trade Permit F	,	\$	
			Total:	PD	\$	



Building Permit – Contractor Registration

City of Story City

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State:						
I am aware that the City Code requires that every registrant shall carry contractor's public liability insurance and provide a certificate of insurance to the city in the amount of \$500,000 prior to commencing work.						
I do here in affirm and promise that I have insurance in effect and will not perform any work for which this registration is required unless such insurance is in effect and remains in effect, and shall direct my insurance company to notify the City of Story City if not renewed.						
I understand that failure to carry this insurance and maintain State registration is a violation of City Code and may be punishable by a Municipal Infraction Citation and the revocation of my registration.						
Date:						

REGULAR INSPECTIONS ARE REQUIRED. CONTACT SAFE BUILDING 515-333-4161

PLEASE FILL OUT FOR NEW HOME CONSTRUCTION ONLY

BILLING INFORMATION FOR ELECTRIC AND WATER/SEWER UTILITIES SHOULD BE SENT TO:

NAME:			
BILLING ADDRESS: _			
CONTACT PHONE NU	MBER :		