

- Inspection Required
- No Inspection Required

## CITY OF RED OAK, IOWA BUILDING PERMIT - APPLICATION

Owner's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Property Address: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Property Location: Lot # \_\_\_\_\_ Block \_\_\_\_\_ Addition \_\_\_\_\_

Briefly describe type of structure to be erected: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Value \$ \_\_\_\_\_ Permit Fee \$ \_\_\_\_\_

**\*\* PLEASE ATTACH PLANS DRAWN TO SCALE SHOWING THE ACTUAL DIMENSIONS AND SHAPE OF THE LOT TO BE BUILT UPON; THE EXACT SIZES AND LOCATIONS ON THE LOT OF BUILDINGS ALREADY EXISTING, IF ANY; AND THE LOCATION AND DIMENSIONS OF THE PROPOSED BUILDING ALTERATION, SHOWING THE DISTANCE FROM EACH PROPERTY LINE ADJACENT TO THE PROPOSED BUILDING OR ALTERATION TO THAT POINT ON THE PROPOSED BUILDING OR ALTERATION CLOSEST TO THE RELEVANT PROPERTY LINE. IT IS THE SOLE RESPONSIBILITY OF THE PROPERTY OWNER TO KNOW WHERE THEIR PROPERTY LINES ARE LOCATED AND TO PROVIDE ACCURATE MEASUREMENTS. IF IN DOUBT, OBTAIN A SURVEY OR REAL PROPERTY INSPECTION REPORT SHOWING ACCURATE MEASUREMENTS. ISSUANCE OF A PERMIT IN NO WAY IMPLIES CITY VERIFICATION OF PROPERTY LINE LOCATION OR OTHER INFORMATION PROVIDED WITH THIS APPLICATION. IF THE APPLICANT IS NOT THE PROPERTY OWNER, THE PROPERTY OWNER, OR ONE OF MULTIPLE PROPERTY OWNERS AUTHORIZED TO SIGN FOR ALL, MUST SIGN THIS APPLICATION TO VERIFY THE INFORMATION SHOWN.**

Expected Date Construction is to begin: \_\_\_\_\_ (Must begin within 6 months and end within 24 months of the date of this permit.)

*If granted a Building Permit, I hereby agree to comply with all City Ordinances and State Laws regulating construction and occupancy.*

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant (If not property owner): \_\_\_\_\_ Date: \_\_\_\_\_

-----  
 ↓ To be completed by Zoning Administrator or other authorized City Official. ↓

Building Permit:    Approved \_\_\_\_\_                  Denied \_\_\_\_\_                  Permit No \_\_\_\_\_

Comments by Zoning Administrator: \_\_\_\_\_

\_\_\_\_\_

Signature of Zoning Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

If Variance Required:

Date of Board of Adjustment Meeting: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Any special conditions required by the Board of Adjustment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_