

# City of Woodward

WWW.WOODWARDIA.ORG

# BUILDING PERMIT

PERMIT NO. \_\_\_\_\_

105 E 2nd St. PO Box 517 Woodward, IA 50276 | Ph: 515-438-2560 Fax: 515-438-4041 | Email: citywd@minburncomm.net

TYPE OF PERMIT:     Building                       Fence                       Deck                       Pool

Survey Required:     Yes                       No

ATTACH SITE PLAN, DRAWINGS, AND/OR BUILDING PLANS

Date of Application: \_\_\_\_\_  
 Received by: \_\_\_\_\_  
 Review Date: \_\_\_\_\_

<b>VALUATION OF PROJECT:</b>	\$ _____
<b>BUILDING SQUARE FOOTAGE</b>	Level 1 _____
	Level 2 _____
	Deck _____
	Garage _____
	Pool _____
<b>BASEMENT</b>	Finished _____
	Unfinished _____

JOB ADDRESS	
ADDRESS: _____	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial <input type="checkbox"/> Public
<input type="checkbox"/> One-Family	<input type="checkbox"/> Two-Family <input type="checkbox"/> Multi (No. _____)
ZONING DISTRICT    VARIANCE NO. or CONDITIONAL USE NO.	

Owner	Name	Email
	Address	Fax No.
	City	Telephone No.
	State/Zip	Cell No.

Contractor	Name	Email
	Address	Fax No.
	City	Telephone No.
	State/Zip	Cell No.

Architect-Engineer	Name	Email
	Address	Fax No.
	City	Telephone No.
	State/Zip	Cell No.

Sub-Contractors	Company Name:	Phone:
		State Lic. #
	Company Name:	Phone:
	State Lic. #	
	Company Name:	Phone:
	State Lic. #	

**DESCRIPTION OF PROJECT:** \_\_\_\_\_

PERMIT FEES	
<b>BUILDING</b>	\$ _____
<b>FENCE</b>	\$ _____
<b>DECK</b>	\$ _____
<b>POOL</b>	\$ _____
<b>TOTAL FROM OTHER SIDE</b>	\$ _____
<b>TOTAL PERMIT FEE</b>	\$ <span style="border: 1px solid black; padding: 2px 20px;"> </span>

- ADDITIONAL ACKNOWLEDGEMENTS**
- Except as provided by law, where any work has been started prior to obtaining this permit, the regular fee shall be doubled.
  - This permit shall expire if work has not commenced or has been abandoned for 120 days.
  - 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.
  - Any questions as to code requirements or practices shall be resolved prior to starting.

**SIGNATURE OF OWNER OR AGENT**                      **DATE:** \_\_\_\_\_

X

To schedule an inspection, please call 515-850-2980.  
 A 24 hour notice is needed.

Payment Received    Date: \_\_\_\_\_    Amount: \$ \_\_\_\_\_

WHEN APPROVED BELOW THIS BECOMES YOUR PERMIT

ISSUED BY: \_\_\_\_\_                      DATE: \_\_\_\_\_

BUILDING OFFICIAL