



# BUILDING & ZONING PERMIT APPLICATION

PROPERTY & OWNER INFORMATION			
Owner Name:		Phone #:	
Address:		Cell #:	
Site Address (if different from above):		Email:	
City/State/Zip:			

OFFICE USE ONLY			
Date Issued:		Date Paid:	
Date Expired:		Date Inspected:	
Permit Number:		Zoning District:	
Subdivision (lot, block, subdivision name):			
Assigned address (new development):			
Yard Setbacks: Front: _____ Rear: _____ Side Yard: _____ Side Yard: _____			

APPLICANT INFORMATION (if other than OWNER)			
<input type="checkbox"/> Builder <input type="checkbox"/> Contractor <input type="checkbox"/> Design Professional Registered Contractor in Iowa? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Applicant Name (if other than owner):			
Applicant Business Name (if applicable):			
Address:			
City / State / Zip:			
Phone:	Cell:	Email:	

CONTRACTORS/SUBCONTRACTORS (if other than OWNER)					
General Contractor	Contact Name:	Address:	Phone:	Email:	Registration No. (if applicable)
Plumbing	Contact Name:	Address:	Phone:	Email:	Spencer License No:
Electrical	Contact Name:	Address:	Phone:	Email:	Spencer License No:
Excavator	Contact Name:	Address:	Phone:	Email:	Spencer License No:

TYPE OF WORK OR BUILDING	DESCRIPTION OF WORK	
New Residential	Located in Flood Plain? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need to Confirm	Building Materials:
Multifamily Res	Describe project in detail:	<input type="checkbox"/> Wood Frame
New Commercial or Industrial		<input type="checkbox"/> Metal
Residential Remodel		<input type="checkbox"/> Concrete
Commercial/Ind. Remodel		<input type="checkbox"/> Other:
Building Addition		Roofing Materials:
Demolition/Raze		<input type="checkbox"/> Asphalt
Moving		<input type="checkbox"/> Metal
Deck/Ramp/or yard structures		<input type="checkbox"/> Other:
Accessory Building		Siding Type:
Fence or wall		
Other:		
Please Complete Remainder of Application on the Back Side		Please attach site plan or use attached page for drawings

PLAN SUBMISSION TYPE: <i>If separate plans are provided or attached</i>	
	Electronic
	Hardcopy
ATTACHMENTS <i>(as applicable, check w Building Code Officer)</i>	
	Site Plan (req)
	Floor Plan(s)
	Exterior Elevations(s)
	Code Review (if applicable)
DESIGN PROFESSIONALS USED <i>(as applicable)</i>	
Architect:	
Engineer(s):	
Additional Notes:	



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RESIDENTIAL DWELLINGS		MULTI-RESIDENTIAL / COMMERCIAL / INDUSTRIAL	
Total # of floors:	Total Structure Area (in Sq Ft):	Total Building Area (in Sq.Ft.):	No. of Floors:
Total height:	Overall Dimensions (LxW):	Existing Bldg Area (if applicable):	Height:
Lower Level SF:	Finished Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No	New Area (in Sq.Ft.):	Signs: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Separate Permit Required</i>
Main Level SF:	# of Bedrooms:	Lower Level Area SF:	
Upper Level SF:	# of Bathrooms:	Main Level Area SF:	Off Street Parking Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Garage Area SF:	Type of Heat:	Upper Level(s) Area SF:	Number of stalls:

ACCESSORY BUILDING	DECK/PATIO	RAMP OR OTHER STRUCTURES	FENCE/WALL	DRIVE APPROACH/SIDEWALK <small>(SEPARATE PERMIT ALSO REQUIRED FROM PUBLIC WORKS DEPT.)</small>
Height:	Location: <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear	Location: <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear	Location: <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear	Sidewalk Length:
Length:	Length:	Length:	Length:	Width:
Width:	Width:	Width:	Height:	Drive Approach Length:
Total SF:	Total SF:	Total SF:	Materials:	Width:

VALUATION <i>(Project Cost)</i>		PERMIT FEE <i>(Office Use Only)</i>		OTHER PERMITS/FEEs REQUIRED <i>(Office Use Only)</i>
Primary Building	\$	New Construction Base Fee (\$10,000 valuation)	\$70	_____ Sewer Connection Fee
Accessory Building(s)	\$	Interior Remodel Base Fee (\$10,000 valuation)	\$35	_____ Excavation Permit
Other Structures	\$	Plus \$2/\$1,000 above \$10,000	\$	_____ Electrical Permit
Fence	\$	Fence Fee	\$30	_____ Plumbing Permit
<b>Total Valuation</b>	<b>\$</b>	<b>Total Fee</b>	<b>\$</b>	_____ Drive/Sidewalk Permit

## ACKNOWLEDGEMENT & SIGNATURE

The applicant, by signature, acknowledges and agrees to the conditions of this permit; and that provisions of the building, fire, electrical, plumbing, accessibility, and energy codes may be applicable to the submitted project; and the building & zoning regulations outlined in the Spencer City Code. I hereby will defend, indemnify, protect and hold harmless the City of Spencer and its employees from any and all liability from any claim or cause of action which any person may claim to have by reason of any actual or alleged failure on the part of the undersigned applicant to comply with the terms and provisions thereof. I hereby certify that I have read and examined this application and its attachments and know the same to be complete, true, and correct. All provisions of laws and ordinances governing this type of work shall be complied with whether specified herein or not. I agree and will provide notification of any change prior to construction. The granting of this permit does not presume to give authority to violate or cancel the provision of any other state or local laws regulating construction or the performance of construction. The approved permit allows the construction of the building/structure as noted on this application and any submitted documentation. Any unauthorized change to approved permit and plans, or use of property, as presented will render this permit null and void.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Owner or Applicant (if other than Owner)*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Contractor or other Authorized Representative (if Owner is not completing the work)*

## OFFICE USE ONLY

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
*Building Code Official or Authorized City Representative*

☐ Approved ☐ Denied ☐ Conditional Approval - *If conditional approval, conditions required:*

Request Requires: ☐ Variance ☐ Special Exception ☐ Change of Zone

If required, forwarded to Planning Commission or Board of Adjustment for additional review on: \_\_\_\_\_ (Date)