

**City of Neola**  
**BUILDING PERMIT APPLICATION**

(This Section For Official Use Only)

Building Permit Number:

Date Applied:

**SECTION 1: LOCATION**

Address:

Assessor's Parcel:

**SECTION 2: PROPOSED WORK (CHECK ALL THAT APPLY)**

New Construction- Commercial, Industrial Civic, or Multi-Family <input type="checkbox"/>		New Residential Construction <input type="checkbox"/>		
<b>Existing Building</b> Structural Repairs <input type="checkbox"/> Room Addition <input type="checkbox"/> Roofing/Gutters <input type="checkbox"/> Siding/Windows <input type="checkbox"/> Interior Alterations <input type="checkbox"/> Basement Finishing <input type="checkbox"/>	<b>Electrical</b> <input type="checkbox"/> Entrance Panel <input type="checkbox"/> _____ Amps. <b>Mechanical/HVAC</b> <input type="checkbox"/> Furnace <input type="checkbox"/> Radiant BaseBd <input type="checkbox"/> Water Heater <input type="checkbox"/> Heat Pump <input type="checkbox"/> Fire Place <input type="checkbox"/> A/C <input type="checkbox"/>			
	<b>Plumbing</b> <input type="checkbox"/> General <input type="checkbox"/> Fire System <input type="checkbox"/> Landscape Irrigation <input type="checkbox"/>		<b>Paving</b> <input type="checkbox"/> Court or Patio <input type="checkbox"/> Driveway <input type="checkbox"/> Sidewalk <input type="checkbox"/>	
			<b>Detached Garage</b> <input type="checkbox"/> <b>Shed</b> <input type="checkbox"/> <b>Deck</b> <input type="checkbox"/> <b>Porch</b> <input type="checkbox"/> <b>Fence</b> <input type="checkbox"/> <b>Retaining Wall</b> <input type="checkbox"/>	
			<b>Work in Right-of-Way</b> <input type="checkbox"/> Water Connection <input type="checkbox"/> Water Stop-Box <input type="checkbox"/> Sewer Connection <input type="checkbox"/> Sidewalk <input type="checkbox"/> Trees/ Landscaping Plant/Remove <input type="checkbox"/> Other <input type="checkbox"/>	
			<b>Demolition</b> <input type="checkbox"/> Asbestos Test (if required) <input type="checkbox"/> Asbestos Removal (if required) <input type="checkbox"/> Excavation more than 4" <input type="checkbox"/>	

Sign

Awning Sign-Detached  Directional Sign  Electronic Sign  Incidental Sign  Off-Premises Sign  Monument Sign  
 Portable Sign  Projecting Sign  Residential Sign  Roof Sign  Temporary Sign  Wall Sign

Other  Specify:

Are building plans and/or construction documents being supplied as part of this permit application? Yes  No

Brief Description of Proposed Work:

**SECTION 3: ZONING AND FLOODPLAIN MANAGEMENT**

Zoning Class	SFR <input type="checkbox"/>	UDR <input type="checkbox"/>	FMU <input type="checkbox"/>	TC <input type="checkbox"/>
	HC <input type="checkbox"/>	GCI <input type="checkbox"/>	AR <input type="checkbox"/>	PUD <input type="checkbox"/>

Current Occupancy or Use: **Residential**      Proposed or New Occupancy/Use: **Residential**

**Primary Structure Regulations**

Lot Area:	Lot Width:	Front Yard:	Rear Yard:
Building Height:	Building Width:	Street Side Yard:	Interior Side Yard:

**Accessory Structure Regulations**

Front Yard:	Rear Yard:	Building Height:
Street Side Yard:	Interior Side Yard:	Distance Between Primary Structure:

**General Regulations**

Proposed Building Coverage N/A	Proposed Impervious Surface Coverage %
Proposed Lot Area Per Unit N/A	Downtown Property Yes <input type="checkbox"/> No <input type="checkbox"/>
Special Use Yes <input type="checkbox"/> No <input type="checkbox"/>	Special Use Description:
Variance Yes <input type="checkbox"/> No <input type="checkbox"/>	Variance Description:
Nonconforming Permitted Use Yes <input type="checkbox"/> No <input type="checkbox"/>	Nonconforming Description:
Property Located in a Designated Floodway? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Identify Zone:	

**SECTION 4: ADJACENT PROPERTY OWNERS****IF NECESSARY - Please provide the name of the adjacent property owners so they may be contacted for lot line verification.**

Name (print)	No. and Street	City/Town	Zip Code	Telephone Number
Name (print)	No. and Street	City/Town	Zip Code	Telephone Number
Name (print)	No. and Street	City/Town	Zip Code	Telephone Number
Name (print)	No. and Street	City/Town	Zip Code	Telephone Number

**SECTION 5: APPLICANT INFORMATION****Name of Applicant**

Name (print)	No. and Street	City/Town	Zip Code
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**Name of Applicant Representative**

Name (print)	Title	Telephone Number	e-mail address
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Street Address	City/Town	State	Zip Code
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**General Contractor**

Company Name			
Name of Person Responsible for Construction	License No. and Type if Applicable		
Street Address	City/Town	State	Zip Code
- - - x Business Phone	- - - Cell Phone	e-mail address	

**SECTION 6: CONSTRUCTION COSTS AND PERMIT FEE**

Item	Estimated Costs: (Labor and Materials)		
Building/Construction	\$		
Electrical	\$		
Plumbing	\$		
Mechanical	\$		
Garage/Shed/Porch/Deck	\$		
Fence/Retaining Wall	\$		
Work in Right-of-Way	\$		
Sign	\$		
Paving	\$		
Demolition	\$		
Other	\$		
<b>Total Cost</b>	\$		

**Current Assessed Value of Property**  
If not known look up at [www.pottco.org](http://www.pottco.org)

Total Contract Amount =

Building Permit Fee (Contract x 1%) =

Note: Minimum fee = \$50.00; Max fee \$750.00

**SECTION 7: SIGNATURE OF BUILDING PERMIT APPLICANT**

By entering my name below, I hereby attest that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Electronic Signature (Please type name)

Manual Signature =

Printed Name

Date

## Submittal Guide

The checklist below is a compilation of the documents that may be required for your application. Please provide all required documents as soon as possible in order to expedite the permit issuance process.

### Checklist for Construction Documents\*

Item	Mark "x" where applicable				
	Full Plans	Schematic/Drawing	Inspection	Survey	Other
New Con.- Comm., Ind., Civic, or Multi-Fam.	Yes	No	Yes	Yes or agreement w/ neighbors	Site Plan
New Con.-Residential	Yes	No	Yes	Yes or agreement w/ neighbors	
Existing Building	Yes, if structural	Yes, if not structural	Yes	No	
<b>Electrical</b>	No	If inspector requires	Yes	No	
<b>Mechanical/HVAC</b>	No	If inspector requires	Yes	No	
Plumbing	No	If inspector requires	Yes	No	
Work in the Right-of-Way	No	No	Yes	No	
Floodplain	Yes, if new or structural	Yes, if not new or structural	Yes	Yes or agreement w/ neighbors	Certified Elevation; Appendix 2
Paving	No	Yes	Yes	Yes or agreement w/ neighbors	
Detached Garage or Shed	If inspector requires	Yes	Yes	Yes or agreement w/ neighbors	
Deck or Porch	If inspector requires	Yes	Yes	Yes or agreement w/ neighbors	
Fence or Retaining Wall	If inspector requires	Yes	Yes	Yes or agreement w/ neighbors	
Signage	If inspector requires	Yes	Yes	Yes or agreement w/ neighbors	
Excavation	No	No	Yes	No	Grading Plan with at least 2' contours
Demolition	No	No	Yes	No	Appendix 1

### Licenses Professional Contact Information (Architect or Engineer)

Name (Registrant)	----- Telephone Number	e-mail address	License No		
Street Address	City/Town	State	Zip Code	Discipline	Exp. Date
Name (Registrant)	----- Telephone Number	e-mail address	License No		
Street Address	City/Town	State	Zip Code	Discipline	Exp. Date
Name (Registrant)	----- Telephone Number	e-mail address	License No		
Street Address	City/Town	State	Zip Code	Discipline	Exp. Date

## **Appendix 1**

(For complete demolition only)

For the demolition of structures the building permit applicant shall attest that utility and other service connections are properly addressed to ensure for public safety.

Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.

## Property Location

No. and Street      City/Town      Name of Building (if applicable)  
                            Zip Code

For the above described property the following action was taken:

Water Shut Off and Capped? Yes  No

Sewer Capped? Yes  No

Gas Shut Off and Capped? Yes  No

Electricity Disconnected? Yes  No

Asbestos Test Required? Yes  No

Asbestos Removal Required? Yes  No

Asbestos Test Complete? Yes  No

## FLOODPLAIN DEVELOPMENT APPENDIX 2

Type of Development::

Filling \_\_\_\_\_ Grading \_\_\_\_\_ Excavation \_\_\_\_\_ Routine Maintenance \_\_\_\_\_  
Minor Improvement \_\_\_\_\_ Substantial Improvement \_\_\_\_\_ New Construction \_\_\_\_\_

Description of Development:

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Addition or modification to existing non-conforming structure? Yes \_\_\_\_\_ No \_\_\_\_\_ Assessed value of structure \_\_\_\_\_

Elevation of the 100 year (Base) flood \_\_\_\_\_ MSL/NGVD

Source of base flood elevation (FIRM or other) \_\_\_\_\_

Elevation of the proposed development site (natural ground) \_\_\_\_\_ MSL/NGVD

Required elevation/floodproofing level for lowest floor \_\_\_\_\_ MSL/NGVD

Proposed elevation/floodproofing level for lowest floor (including basement) \_\_\_\_\_ MSL/NGVD

This permit is issued with the condition that the lowest floor (including basement) of any new or substantially improved residential building will be elevated at least 1.0 foot above the 100 year (base) flood elevation. If the proposed development is a non-residential building, this permit is issued with the condition that the lowest floor (including basement) of a new or substantially improved non-residential building will be elevated or flood proofed to at least 1.0 foot above the 100 year (base) flood elevation.

Certification by Iowa Licensed professional engineer, architect, or surveyor:

Name \_\_\_\_\_ Title: \_\_\_\_\_

Address \_\_\_\_\_  
**City, State, Zip**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Certification No. \_\_\_\_\_ Phone No. \_\_\_\_\_