

Building Permit Application



| Applicant | | | | | | | | | | |
|-----------------|--|--|--|--|------|------------------|---|-----|--|----------|
| Contact person | | | | | | Owner/Contractor | o | c | | |
| Mailing address | | | | | | | | | | |
| City | | | | | | State | | Zip | | |
| Phone(s) | | | | | cell | | | | | landline |
| Email | | | | | | | | | | |

| Project Location | | | | | | | | | | | | | | | |
|------------------|--|--|--|--|--------|-----------|-----|-----|-----|-----|-----|------|-----|-----|-----|
| Address | | | | | | Owners(s) | | | | | | | | | |
| Parcel number | | | | | Zoning | A-1 | B-1 | B-2 | I-1 | I-2 | I-3 | MH-1 | R-1 | R-2 | R-3 |

| Type of Project | Type of Structure | Use and Occupancy |
|--------------------|-----------------------|-----------------------------|
| New structure | Home/dwelling | Residential |
| Addition | Garage/carport/shed | Storage |
| Demolition | Porch/deck | Industrial |
| Relocation | Pool | Business |
| Roof replacement | Commercial/Industrial | Mixed (mark all that apply) |
| ROW | Sign(s) | Educational |
| Other (name below) | Fence, material: | Healthcare |
| | Other: | Other/not applicable |

| Project Detail | | | | | | | | | | | |
|--|---------|--|--|-----------------------|--------|----------------|------------|----------------------|------------------|-----------------|--|
| Dimensions | Length: | | | | Width: | | | | Height: | | |
| 2 nd component <i>(ex: pool if, deck & pool)</i> | Length: | | | | Width: | | | | Height: | | |
| Distance from lot lines | North: | | | East: | | | South: | | | West: | |
| Estimated start date | | | | Estimated finish date | | | | Estimated total cost | | | |
| <i>Complete for those working on your project</i> | | | | | Name | Property owner | Contractor | | State registered | City registered | |
| General contractor | | | | | | | | Office use | | | |
| Plumber | | | | | | | | | | | |
| HVAC | | | | | | | | | | | |
| Electrician | | | | | | | | | | | |

| Addition Materials | | |
|--------------------|------------|--|
| Included | Not needed | <i>Include and mark the following as applies to your project, printed or digital copies accepted</i> |
| | | Site Plan: attach image showing the location of your project on the lot. Include other buildings, structures and property lines. See Jackson County Beacon (GIS) for a map of the parcel |
| | | Construction Plans: attach applicable floor plan, foundation plan, cross section and elevations. Worksheets for plans for decks, sheds, pools and garages are available |
| | | Building Specification Sheet |
| | | Storm Water Management Plan, required for commercial and industrial projects |
| | | Variance Application |
| | | Water and Sewer Connection Application |
| | | Curb Cut & Street Cut Forms |
| | | Application for Certificate of Occupancy |

The signature below certifies that the above information is true and correct and that the improvement will comply with all applicable regulations of the City of Maquoketa. The signature also authorizes the City to inspect the project for which I am applying.

Signature: _____ Date: _____

Email to: inspector@maquoketaia.com

Mail or Deliver to: City Hall, Building Department, 201 E Pleasant St.

| <i>This area for office use ONLY</i> | | | | | | |
|--------------------------------------|--|--------------------------|----------|----------|---------------|----------|
| Processing | | | | | Permit Number | |
| Calculated value | | | Assigned | | Completed | |
| Fees | | Steps | Date | Initials | Date | Initials |
| Building permit | | Application received | | | | |
| Plan review | | Plan review | | | | |
| Storm water review | | Storm water review | | | | |
| Water connection | | Permit issued | | | | |
| Sewer connection | | Inspection 1 | | | | |
| Street deposit | | Inspection 2 | | | | |
| Variance | | Inspection 3 | | | | |
| TOTAL | | Inspection 4 | | | | |
| | | Inspection 5 | | | | |
| Date paid | | Key lock box installed | | | | |
| Check # | | Certificate of occupancy | | | | |
| Receipt # | | | | | | |