

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 #						