

380 Iowa Ave., P.O. Box 109 Martensdale, IA 50160 | Ph: 641 764-2622 Fax: 641 764-2822

TYPE OF PERMIT: Building Deck Fence Other

ATTACH SITE PLAN, DRAWINGS, AND/OR BUILDING PLANS (PDF version preferred)

| JOB SITE | BUILDING | SQUARE FOOTAGE |
|---|--|---|
| ADDRESS: _____ | Level 1 | Garage/Shed _____ |
| NAME: _____ | Level 2 | Deck SqFt. _____ |
| DATE: _____ | Finished B | Pool Size, Gal. _____ |
| | Unfinished B | _____ |
| <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. _____) | ON OF PROJECT: | |
| ZONING DISTRICT VARIANCE NO. or CONDITIONAL USE NO. _____ | | |
| Email _____ | | |
| Fax No. _____ | | |
| Telephone No. _____ | | |
| Cell No. _____ | | |
| PERMIT FEES Official Use Only | | |
| | BUILDING PERMIT | \$ _____ |
| | TRADE PERMITS | \$ _____ |
| | WASS/SEWER CONNECT | \$ _____ |
| | WATER CONNECT | \$ _____ |
| | DRIVEWAY | \$ _____ |
| | TOTAL PERMIT FEE | \$ |
| Email _____ | I agree to comply with all city ordinances and state laws regulating building construction. I further agree and understand that the City has not, by issuance of this permit, reviewed, nor does it make any representation concerning, any covenants or any restrictions where there may be covenants or other restrictions prohibiting the proposed improvements. I understand that construction on any easement will be at my own risk and responsibility and that I will be liable for any necessary removal should it become necessary. It is the property owner's responsibility to determine their own property line and to assure improvements are built in compliance with this application. 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. A new permit will be required. Permit expires if work has not been substantially completed within two (2) years of issuance. | |
| Fax No. _____ | | |
| Telephone No. _____ | | |
| Cell No. _____ | | |
| OWNER OR AGENT | | |
| Phone: _____ | X | |
| State Lic. # _____ | | Submit Completed Form To: cityofmartensdale@gmail.com |
| Phone: _____ | | |
| State Lic. # _____ | | |
| Phone: _____ | | |
| State Lic. # _____ | | |
| ISSUED BY: _____ | | Date: _____ |
| BUILDING OFFICIAL | | |

To schedule an inspection, or have any questions,
 please call Veenstra & Kimm at 515-850-2980.
 E-mail: BuildingInspection@v-k.net
 A 24 hour inspection notice is needed.

SITE PLAN

STREET ADDRESS: _____ USE OF BUILDINGS ON LOT _____

PROPOSED USE OF NEW IMPROVEMENT _____

