



BUILDING PERMIT

 Residential Commercial

Permit# _____

Development Services Department | 220 South Market Street Oskaloosa, IA 52577 | Ph: 641-673-7472 Fax: 641-673-3733

TYPE OF PERMIT: Building Fence Shed/Garage Deck/Porch Other**ATTACH SITE PLAN, DRAWINGS, AND/OR BUILDING PLANS**

JOB SITE		BUILDING SQUARE FOOTAGE	
ADDRESS: _____		Level 1 _____	Shed/Garage _____
NAME: _____		Level 2 _____	Deck/Porch _____
DATE: _____		Basement/Finished _____	ERU's _____
		Basement/Unfinished _____	(1 Per 2750 SF Impervious Surface)
<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Civic <input type="checkbox"/> One/Two Family <input type="checkbox"/> Multi (No. _____)		Valuation of Work: \$ _____	
ZONING DISTRICT _____ VARIANCE NO. or CONDITIONAL USE _____		DESCRIPTION OF PROJECT:	
Owner	Name _____ Email _____	PERMIT FEES Office Use Only	
	Address _____ Fax No. _____		
	City _____ Telephone No. _____		
	State/Zip _____ Cell No. _____		
Contractor	Name _____ Email _____	FENCE \$ _____	
	Address _____ State Lic.# _____	SHED \$ _____	
	City _____ Lic. Exp Date _____	DECK \$ _____	
	State/Zip _____ Phone No. _____	BUILDING \$ _____	
Architect-Engineer	Name _____ Email _____	PLAN REVIEW FEE \$ _____	
	Address _____ Fax No. _____	TOTAL PERMIT FEE \$ 	
	City _____ Telephone No. _____	ADDITIONAL ACKNOWLEDGEMENTS	
	State/Zip _____ Cell No. _____	<ul style="list-style-type: none"> 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. ALL WORK MUST BE INSPECTED. It is the responsibility of the permittee to call for inspections. No work shall be concealed or covered until approved by the inspector. The permittee acknowledges they are proficient in the performance of the work covered by this permit and take full responsibility for location of all property lines. Note: Re-inspection fee is \$35 	
Sub-Contractors	Company Name: _____ Phone: _____	SIGNATURE OF OWNER OR AGENT	
	State Lic. # _____	X _____ Date: _____	
	Company Name: _____ Phone: _____	To schedule an inspection, or have any questions please call Oskaloosa Development Services at: 641-673-7472 A 48 hour inspection notice is needed.	
Company Name: _____ Phone: _____	<input type="checkbox"/> Payment Received Date: _____ Amount: \$ _____		
State Lic. # _____	Approved: _____ DATE: _____		
	BUILDING OFFICIAL		