



# 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: _____ NAME: _____ DATE: _____		Level 1 _____ Shed/Garage _____ Level 2 _____ Deck/Porch _____ Basement/Finished _____ Basement/Unfinished _____ Valuation of Work: \$ _____	
<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Civic <input type="checkbox"/> One/Two Family <input type="checkbox"/> Multi (No. _____)		<b>DESCRIPTION OF PROJECT:</b>  _____  _____	
ZONING DISTRICT    VARIANCE NO. or CONDITIONAL USE _____			
Owner	Name _____ Email _____	<b>PERMIT FEES</b> Office Use Only	
	Address _____ Fax No. _____		
	City _____ Telephone No. _____		
	State/Zip _____ Cell No. _____		
Contractor	Name _____ Email _____	<b>FENCE</b> \$ _____	
	Address _____ State Lic.# _____	<b>SHED</b> \$ _____	
	City _____ Lic. Exp Date _____	<b>DECK</b> \$ _____	
	State/Zip _____ Phone No. _____	<b>BUILDING</b> \$ _____	
Architect-Engineer	Name _____ Email _____	<b>PLAN REVIEW FEE</b> \$ _____	
	Address _____ Fax No. _____	<b>TOTAL PERMIT FEE</b> \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>	
	City _____ Telephone No. _____	<b>ADDITIONAL ACKNOWLEDGEMENTS</b> <ul style="list-style-type: none"> <li>Except as provided by law, where any work has been started prior to obtaining this permit, the regular fee shall be doubled.</li> <li>This permit shall expire if work has not commenced or has been abandoned for 120 days.</li> <li>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.</li> <li>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.</li> <li><b>Note: Re-inspection fee is \$35</b></li> </ul>	
	State/Zip _____ Cell No. _____		
Sub-Contractors	Company Name: _____ Phone: _____ State Lic. # _____	<div style="background-color: #0056b3; color: white; text-align: center; padding: 2px;">SIGNATURE OF OWNER OR AGENT</div> X _____ Date: _____ <b style="color: red;">To schedule an inspection, or have any questions please call Oskaloosa Development Services at: 641-673-7472 A 48 hour inspection notice is needed.</b> <input type="checkbox"/> Payment Received    Date: _____ Amount: \$ _____	
	Company Name: _____ Phone: _____ State Lic. # _____		
	Company Name: _____ Phone: _____ State Lic. # _____		
Approved: _____ DATE: _____ <div style="text-align: center; font-size: small;">BUILDING OFFICIAL</div>			