Development Services Department
230 W. Hickman Road Waukee, IA 50263
Phone: (515) 978-9533
Fax: (515) 987-1845

GENERAL BUILDING PERMIT APPLICATION

EMAIL APPLICATION

PRINT APPLICATION

> PLEASE PROVIDE TWO HARDCOPY SETS OF PLANS + ONE DIGITAL COPY FOR ALL NEW BUILDINGS, ADDITIONS, AND REMODEL PROJECTS
> A SITE PLAN AND INFORMATION SPECIFIC TO THE TYPE OF IMPROVEMENT(S) PROPOSED SHOULD BE ATTACHED TO THE APPLICATION FOR ALL PROJECTS

GENERAL INFORMATION

*[*PLEASE TYPE IN ALL CAPS & ABBREVIATE AS NECESSARY*]*

PROJECT ADDRESS: LEGAL DESCRIPTION: ZONING DISTRICT:

OWNERS NAME: MAILING ADDRESS: OWNERS PHONE #:

GENERAL CONTRACTOR (IF DIFFERENT FROM ABOVE): STATE REGISTRATION #:

GENERALS MAILING ADDRESS: GENERALS PHONE#: EMAIL:

ARCHITECT/DESIGNER (IF DIFFERENT FROM ABOVE): ARCHITECT/DESIGNERS PHONE#:

ARCHITECT/DESIGNER MAILING ADDRESS: EMAIL:

PROJECT INFORMATION

TYPE OF PROJECT (check those that apply):

☐ COMMERCIAL ☐ ADDITION ☐ ACCESSORY STRUCTURE

☐ REMODEL ☐ DECK ☐ BASEMENT FINISH

☐ FENCE ☐ SIGN ☐ POOL ☐ OTHER

DESCRIPTION OF WORK TO BE PERFORMED:

SQUARE FEET: HEIGHT ABOVE GRADE:

DIMENSIONS: MATERIAL:

SUB CONTRACTOR INFORMATION

ELECTRICAL: LICENSE#:

MAILING ADDRESS: PHONE#:

PLUMBING: LICENSE#:

MAILING ADDRESS: PHONE#:

MECHANICAL: LICENSE#:

MAILING ADDRESS: PHONE#:

NOTES:

ACKNOWLEDGEMENT

I, the undersigned, declare that to the best of my knowledge all of the information given in this application is true and correct, and further agree that all work done under this permit will be done in compliance with all applicable City Codes, Ordinances, Rules and Regulations.

SIGNATURE OF APPLICANT:

DATE:

FOR OFFICE USE ONLY

VALUATION:

BUILDING PERMIT

GAS METER:

WATER METER:

WATER CAPACITY:

SEWER CAPACITY:

SEWER TAP:

OTHER :

TOTAL FEES:

DATE ISSUED:

PERMIT #:

APPROVED BY:

DEVELOPMENT SERVICES ADMINISTRATIVE OFFICIAL

Utility Billing Department
230 W. Hickman Road
Waukee, IA 50263
Phone: (515) 978-5502
Fax: (515) 987-1845

UTILITY BILLING INFORMATION

[*PLEASE TYPE IN ALL CAPS*]

PROJECT ADDRESS:

BILLING NAME: **BILLING PHONE#:**

☐ ***PROPERTY OWNER*** ☐ ***CONTRACTOR***

BILLING ADDRESS: *(City, State, Zip)*

NOTE: *If the Property Owner will be responsible for Utility Bills, they must sign up for an account in the Utility Billing office at 230 W. Hickman Road.*

DATE:

SIGNATURE:

NAME (PRINTED):

APPLICATION FOR NATURAL GAS SERVICE

That in consideration of the City of Waukee running pipe line and furnishing meter and regulator to my residence, I

_____, ***owner of***

_____ ***(street address),***

_____ ***(legal description), hereby agree with the City of Waukee, Iowa, to connect a major gas burning fixture or appliance within a period of one hundred twenty (120) days of the date service was installed and made operable upon my premises. I also agree to install interior piping in compliance with the 2009 International Fuel Gas Code.***

The undersigned does hereby grant and convey on this _____ ***day of*** _____ , _____ , ***unto the City of Waukee, its successors and assigns, a perpetual easement and the right of way to construct, operate, inspect, repair, maintain, replace and remove, in whole or in part, pipe lines and appurtenances thereto, with ingress to and from the premises, on, over, and through the premises constituting the address for which application for gas service is hereby made.***

SIGNATURE:

NAME (PRINTED):

DATE: