EXISTING CONSTRUCTION CITY OF POLK CITY TRADE PERMIT APPLICATION

Job Address		
Legal Description		Zoning
Use of Building		
Description of Work (Example Electrical, Plumbing, Mechani	es: ical)	
Occupant Name	Mailing Address	Phone
Owner Name	Mailing Address	Phone
Contractor Name	Mailing Address	Phone
Contractor State License Numb	per	
Architect or Designer	Mailing Address	Phone
Engineer	Mailing Address	Phone
o New Electric Servi	ce including temporary poles	\$75
o Electric Re-wire or		\$75
 Plumbing New sev 	•	\$75
=	IVAC/water heater	\$75
By signing below, the applicant understands and agrees to the following: ALL WORK MUST BE INSPECTED! No work is to be concealed or covered until approved by the inspector. Work that is not inspected is considered unapproved. The permit applicant is responsible for contacting Safe Building at 515.333.4161 a minimum of 24 hours in advance to schedule any inspection. Permits are non-transferable. This permit will expire one year from the approval date or if work does not begin or is abandoned for 180 days. In the event that a permit expires, a new permit must be obtained. Where work is begun before a permit is approved the permit fee will be doubled. Work must be performed by an Iowa State Licensed contractor. Contractor is presumed knowledgeable of the applicable Code. Questions can be directed to Safe Building 515.333.4161. Signature of Permit Applicant Date Please print name LICENSE #		
·	2.02.132 #	
Approved (when signed b	elow and dated, this becomes your ap	proved permit.) Date
Comments		