## NEW CONSTRUCTION CITY OF POLK CITY TRADE PERMIT APPLICATION

| Job Address   |                            |                            |        |
|---|----------------------------|----------------------------|--------|
|   |                            |                            |        |
| Legal Description   |                            |                            | Zoning |
| Use of Building   |                            |                            |        |
| Description of Work (Examples<br>Electrical, Plumbing, Mechanic   | 5:<br>(al)                 |                            |        |
| Occupant Name   | Mailing Address            |                            | Phone  |
| Owner Name  | Mailing Address            |                            | Phone  |
| Contractor Name   | Mailing Address            |                            | Phone  |
| Contractor State License Number   |                            |                            |        |
| Architect or Designer   | Mailing Address            |                            | Phone  |
| Engineer  | Mailing Address            |                            | Phone  |
| By signing below, the applicant understands and agrees to the following:  |                            |                            |        |
| 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 lowa 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 #   |                            |                            |        |
| Official City Use Only  |                            |                            |        |
| Approved (when signed be  | low and dated, this become | mes your approved permit.) | Date   |
| Comments  |                            |                            |        |
|   |                            |                            |        |
|   |                            |                            |        |
|   |                            |                            |        |