

# City of Avoca

## BUILDING PERMIT APPLICATION

(This Section For Official Use Only)

Building Permit Number: \_\_\_\_\_

Date Applied: \_\_\_\_\_

### SECTION 1: LOCATION

Address

Assessor's Parcel #

### SECTION 2: PROPOSED WORK (CHECK ALL THAT APPLY)

New Construction- Commercial, Industrial Civic, or Multi-Family

New Residential Construction

<b>Existing Building</b> Structural Repairs <input type="checkbox"/> Room Addition <input type="checkbox"/> Roofing/Gutters <input type="checkbox"/> Siding/Windows <input type="checkbox"/> Interior Alterations <input type="checkbox"/> Basement Finishing <input type="checkbox"/>	<b>Electrical</b> <input type="checkbox"/> Entrance Panel <input type="checkbox"/> _____ Amps. Underground <input type="checkbox"/> Overhead <input type="checkbox"/> Water Heater <input type="checkbox"/> Rewiring <input type="checkbox"/>	<b>Mechanical/HVAC</b> <input type="checkbox"/> Furnace <input type="checkbox"/> Radiant BaseBd <input type="checkbox"/> Water Heater <input type="checkbox"/> Heat Pump <input type="checkbox"/> Fire Place <input type="checkbox"/> A/C <input type="checkbox"/>	<b>Work in Right-of-Way</b> <input type="checkbox"/> Water Connection <input type="checkbox"/> Water Stop-Box <input type="checkbox"/> Sewer Connection <input type="checkbox"/> Sidewalk <input type="checkbox"/> Trees/ Landscaping Plant/Remove <input type="checkbox"/> Other _____ <input type="checkbox"/>
<b>Plumbing</b> <input type="checkbox"/> General <input type="checkbox"/> Fire System <input type="checkbox"/> Landscape Irrigation <input type="checkbox"/>	<b>Paving</b> <input type="checkbox"/> Court or Patio <input type="checkbox"/> Driveway <input type="checkbox"/> Sidewalk <input type="checkbox"/>	<b>Detached Garage</b> <input type="checkbox"/> <b>Shed</b> <input type="checkbox"/> <hr/> <b>Deck</b> <input type="checkbox"/> <b>Porch</b> <input type="checkbox"/> <hr/> <b>Fence</b> <input type="checkbox"/> <b>Retaining Wall</b> <input type="checkbox"/>	<b>Demolition</b> <input type="checkbox"/> Asbestos Test (if required) <input type="checkbox"/> Asbestos Removal (if required) <input type="checkbox"/> <b>Excavation more than 4"</b> <input type="checkbox"/>

**Sign**

Awning Sign-Detached  Directional Sign  Electronic Sign  Incidental Sign  Off-Premises Sign  Monument Sign  
 Portable Sign  Projecting Sign  Residential Sign  Roof Sign  Temporary Sign  Wall Sign

**Other**  Specify: \_\_\_\_\_

Are building plans and/or construction documents being supplied as part of this permit application? Yes  No

Brief Description of Proposed Work:

### SECTION 3: ZONING AND FLOODPLAIN MANAGEMENT

Zoning Class	SFR <input type="checkbox"/>	UDR <input type="checkbox"/>	FMU <input type="checkbox"/>	TC <input type="checkbox"/>
	HC <input type="checkbox"/>	GCI <input type="checkbox"/>	AR <input type="checkbox"/>	PUD <input type="checkbox"/>

Current Occupancy or Use: _____	Proposed or New Occupancy/Use: _____
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#### Primary Structure Regulations

Lot Area	Lot Width	Front Yard	Rear Yard
Building Height	Building Width	Street Side Yard	Interior Side Yard

#### Accessory Structure Regulations

Front Yard	Rear Yard	Building Height
Street Side Yard	Interior Side Yard	Distance Between Primary Structure

#### General Regulations

Proposed Building Coverage	Proposed Impervious Surface Coverage %
Proposed Lot Area Per Unit	Downtown Property Yes <input type="checkbox"/> No <input type="checkbox"/>

Special Use Yes <input type="checkbox"/> No <input type="checkbox"/>	Special Use Description:
Variance Yes <input type="checkbox"/> No <input type="checkbox"/>	Variance Description:
Nonconforming Permitted Use Yes <input type="checkbox"/> No <input type="checkbox"/>	Nonconforming Description:

Property Located in a Designated Floodway? Yes  No

Identify Zone: \_\_\_\_\_

**SECTION 4: ADJACENT PROPERTY OWNERS**

**IF NECESSARY - Please provide the name of the adjacent property owners so they may be contacted for lot line verification .**

Name (print)	No. and Street	City/Town	Zip Code	Telephone Number
Name (print)	No. and Street	City/Town	Zip Code	Telephone Number
Name (print)	No. and Street	City/Town	Zip Code	Telephone Number
Name (print)	No. and Street	City/Town	Zip Code	Telephone Number

**SECTION 5: APPLICANT INFORMATION**

**Name of Applicant**

Name (print)	No. and Street	City/Town	Zip Code
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**Name of Applicant Representative**

Name (print)	Title	Telephone Number	e-mail address
Street Address	City/Town	State	Zip Code

**General Contractor**

Company Name			
Name of Person Responsible for Construction		License No. and Type if Applicable	
Street Address	City/Town	State	Zip Code
- - x Business Phone	- - Cell Phone	e-mail address	

**SECTION 6: CONSTRUCTION COSTS AND PERMIT FEE**

Item	Estimated Costs: (Labor and Materials)	
Building/Construction	\$	<p><b>Current Assessed Value of Property \$</b> If not known look up at <a href="http://www.pottco.org">www.pottco.org</a></p> <p>Total Contract Amount = \$</p> <p>Building Permit Fee (Contract x 1%)=\$</p> <p>Note: Minimum fee = \$50.00; Max fee \$750.00</p>
Electrical	\$	
Plumbing	\$	
Mechanical	\$	
Garage/Shed/Porch/Deck	\$	
Fence/Retaining Wall	\$	
Work in Right-of-Way	\$	
Sign	\$	
Paving	\$	
Demolition	\$	
Other	\$	
<b>Total Cost</b>	<b>\$</b>	

**SECTION 7: SIGNATURE OF BUILDING PERMIT APPLICANT**

By entering my name below, I hereby attest that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Electronic Signature (Please type name)	Email	- - x Telephone	Date
Title	Street Address	City/Town	State Zip Code
Name			Date

## Submittal Guide

The checklist below is a compilation of the documents that may be required for your application. Please provide all required documents as soon as possible in order to expedite the permit issuance process.

### Checklist for Construction Documents\*

Item	Mark "x" where applicable				
	Full Plans	Schematic/Drawing	Inspection	Survey	Other
New Con.- Comm., Ind., Civic, or Multi-Fam.	Yes	No	Yes	Yes or agreement w/ neighbors	Site Plan
New Con.-Residential	Yes	No	Yes	Yes or agreement w/ neighbors	
Existing Building	Yes, if structural	Yes, if not structural	Yes	No	
<b>Electrical</b>	No	If inspector requires	Yes	No	
<b>Mechanical/HVAC</b>	No	If inspector requires	Yes	No	
Plumbing	No	If inspector requires	Yes	No	
Work in the Right-of-Way	No	No	Yes	No	
Floodplain	Yes, if new or structural	Yes, if not new or structural	Yes	Yes or agreement w/ neighbors	Certified Elevation; Appendix 2
Paving	No	Yes	Yes	Yes or agreement w/ neighbors	
Detached Garage or Shed	If inspector requires	Yes	Yes	Yes or agreement w/ neighbors	
Deck or Porch	If inspector requires	Yes	Yes	Yes or agreement w/ neighbors	
Fence or Retaining Wall	If inspector requires	Yes	Yes	Yes or agreement w/ neighbors	
Signage	If inspector requires	Yes	Yes	Yes or agreement w/ neighbors	
Excavation	No	No	Yes	No	Grading Plan with at least 2' contours
Demolition	No	No	Yes	No	Appendix 1

### Licenses Professional Contact Information (Architect or Engineer)

Name (Registrant)	- - x	Telephone Number	e-mail address	License No
Street Address	City/Town	State	Zip Code	Discipline Exp. Date
Name (Registrant)	- - x	Telephone Number	e-mail address	License No
Street Address	City/Town	State	Zip Code	Discipline Exp. Date
Name (Registrant)	- - x	Telephone Number	e-mail address	License No
Street Address	City/Town	State	Zip Code	Discipline Exp. Date



## FLOODPLAIN DEVELOPMENT APPENDIX 2

Type of Development::

Filling \_\_\_\_\_ Grading \_\_\_\_\_ Excavation \_\_\_\_\_ Routine Maintenance \_\_\_\_\_  
Minor Improvement \_\_\_\_\_ Substantial Improvement \_\_\_\_\_ New Construction \_\_\_\_\_

Description of Development:

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Addition or modification to existing non-conforming structure? Yes\_\_\_\_ No\_\_\_\_ Assessed value of structure\_\_\_\_\_

Elevation of the 100 year (Base) flood\_\_\_\_\_ MSL/NGVD

Source of base flood elevation (FIRM or other)\_\_\_\_\_

Elevation of the proposed development site (natural ground)\_\_\_\_\_ MSL/NGVD

Required elevation/floodproofing level for lowest floor \_\_\_\_\_ MSL/NGVD

Proposed elevation/floodproofing level for lowest floor (including basement)\_\_\_\_\_ MSL/NGVD

This permit is issued with the condition that the lowest floor (including basement) of any new or substantially improved residential building will be elevated at least 1.0 foot above the 100 year (base) flood elevation. If the proposed development is a non-residential building, this permit is issued with the condition that the lowest floor (including basement) of a new or substantially improved non-residential building will be elevated or flood proofed to at least 1.0 foot above the 100 year (base) flood elevation.

Certification by Iowa Licensed professional engineer, architect, or surveyor:

Name \_\_\_\_\_ Title: \_\_\_\_\_

Address \_\_\_\_\_  
**City, State, Zip**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Certification No. \_\_\_\_\_ Phone No. \_\_\_\_\_