

APPLICATION FOR BUILDING PERMIT
City of Slater, Iowa

Permit Number _____

Applicant _____ Date _____

Project Address _____ Phone _____

Type of Improvement

_____ New Building _____ Garage _____ Addition _____ Storage Shed _____ Fence (_____ ht)
_____ Sign _____ Deck _____ Sidewalk / Driveway Other _____

Description of Improvement _____

Contractor _____ Address _____

E-MAIL _____ Phone #(s) _____

SETBACKS: Front Yard Required _____ Actual _____

Side Yard: Required _____ Actual _____ Rear Yard Required: _____ Actual _____

Beginning Construction Date _____ Is sufficient off Street Parking being provided? _____

Is there Utility Easements on property? _____ If so, I understand that there is to be NO obstructions in the easement.

Is any portion of the property located within a Flood Zone? _____ If so, I understand there may be different requirements within that area.

A SITE PLAN SHOWING THE LOCATION AND DIMENSIONS OF THE PROPOSED DEVELOPMENT SHALL ACCOMPANY THE APPLICATION. THE APPLICANT CERTIFIES THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THAT THE ABOVE CONSTRUCTION WILL COMPLY WITH THE ZONING ORDINANCE IN ALL RESPECTS. ZONING/BUILDING PERMITS SHALL BE APPLIED FOR WITH THE ZONING/BUILDING ADMINISTRATOR AND SHALL EXPIRE 1 YEAR AFTER THE DATE OF ISSUANCE.

Signature of Applicant

The building permit is:

By City of Slater [] Approved [] Denied

By Building Inspector [] Approved [] Denied

Reason for Denial _____

Reason for Denial _____

City Building Administrator Date

Building Inspector Date

City Permit Fee \$ _____

Inspectors Fee \$ _____

HVAC _____ Plumbing _____ Electrical _____

Trade Total \$ _____

Total Fees due \$ _____

Project address: _____

It is recommended lot markers and project area be flagged. If not flagged, a delay in the approval of the permit may occur. All materials and any debris from construction must be covered or secured to keep from blowing and littering neighboring properties.

