

# TRADE PERMIT APPLICATION

## CITY OF SLATER

101 Story Street, PO Box 538, Slater, IA 50244-0538

Job Address:	PERMIT #	
Legal Description:	Zon ing:	
Use of Building:		
Description of Work:		
Occupant Name:	Email Address:	Phone:
Owner Name:	Email Address:	Phone:
Contractor Name:	Email Address:	Phone:
Contractor State License Number:	MASTER LICENSE #: (if applicable)	
Architect or Designer:	Email Address:	Phone:
Engineer:	Email Address:	Phone:

NOTE: Permit fees are applicable to both new construction and remodel projects.

- ☐ Temporary Electric Service .....\$100.00
- ☐ Electric - All Other .....\$100.00
- ☐ Plumbing.....\$100.00
- ☐ Mechanical .....\$100.00

TOTAL: \_\_\_\_\_

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 1 business day 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 a State of Iowa licensed contractor.** Contractor is presumed knowledgeable of the applicable Code. Questions can be directed to Safe Building at 515.333.4161.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

When signed below and dated, this becomes your approved permit.

APPROVED: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE NOTE:

