

260 NW Main St. Elkhart, IA 50073-0077 | Ph: 515-367-4735 Fax: 515-367-7735

TYPE OF PERMIT:  Building  Shed  Deck  Pool  Other

**ATTACH SITE PLAN, DRAWINGS, AND/OR BUILDING PLANS**

JOB SITE		BUILDING SQUARE FOOTAGE	
ADDRESS: _____ NAME: _____ DATE: _____		Level 1 _____ Pool Size _____ Level 2 _____ Deck sqf _____ Finished _____ Garage/Shed _____ Unfinished _____	
PLAT# _____ LOT# _____ DEVELOPMENT NAME: _____ Commercial      Industrial      Public One Family      Two Family      Multi. _____ Property is in a Flood Pain    Yes    No Minimum Elevation MPE _____		<b>DESCRIPTION OF PROJECT:</b>	
Owner	Name _____ Email _____	PDF Building Plans Preferred	
	Address _____ Fax No. _____		
	City _____ Telephone No. _____		
	State/Zip _____ Cell No _____		
Contractor	Name _____ Email _____	PERMIT FEES	
	Address _____ Fax No. _____	SHED      \$ _____	
	City _____ Telephone No. _____	DECK      \$ _____	
	State/Zip _____ Cell No _____	POOL      \$ _____	
Architect-Engineer	Name _____ Email _____	SIDE 2      \$ _____	
	Address _____ Fax No. _____	TOTAL PERMIT FEE \$ _____	
	City _____ Telephone No. _____	PROJECT VALUATION	
	State/Zip _____ Cell No _____	\$ _____	
Company Name: _____ Phone: _____ State Lic. # _____		<b>SIGNATURE OF OWNER OR AGENT</b>	
Company Name: _____ Phone: _____ State Lic. # _____		_____ DATE: _____	
Company Name: _____ Phone: _____ State Lic. # _____		<b>To schedule an inspection, or have any questions please call                      Veenstra &amp; Kimm at 515-850-2980.                      Email: <a href="mailto:buildinginspection@kleinfelder.com">buildinginspection@kleinfelder.com</a>                      A 24 hour inspection notice is needed.</b>	
Company Name: _____ Phone: _____ State Lic. # _____		<input type="checkbox"/> Payment Received Date: _____ Amount: \$ _____ <b><u>WHEN APPROVED BELOW, THIS BECOMES YOUR PERMIT</u></b>	
ISSUED BY: _____ DATE: _____ BUILDING OFFICIAL			