City of Story City

504 Broad Street | 515-733-2121

Job Address:		PERMIT #
Legal Description:		Zoning:
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.	
□ Plı	umbing\$75.00	
□ Me	echanical \$75.00	
		TOTAL:
By signing below, the a	pplicant understands and agrees to the following:	
	PECTED! No work is to be concealed or covered until appro The permit applicant is responsible for contacting Safe Buil ny inspection.	
	rable. This permit will expire one year from the approval of hat a permit expires, a new permit must be obtained. Whe	
	ed by a State of lowa licensed contractor. Contractor is ed to Safe Building at 515.333.4161.	presumed knowledgeable of the applicable Code.
Signature of Applicant:	Date:	
Please Print Name:		
When signed below and c	lated, this becomes your approved permit.	
APPROVED:	Date:	
PLEASE NOTE:		

