



Residential Building Application
Residential Alteration / Remodel

Project Address: _____

Applicant is: [] Property Owner [] Contractor [] Architect [] Engineer [] Other _____

Applicant _____ E-mail _____

Address _____ Day Phone # _____

Contractor _____ E-mail _____

Address _____ Day Phone # _____

[] Interior remodel - [] 1st floor _____ sq ft [] 2nd Floor _____ sq ft

Describe work:

Valuation: \$ _____
(value of work – including materials & labor)

Attachments: [] Floor Plan

Plumbing Contractor: _____

Electrical Contractor: _____

Mechanical Contractor: _____

(for office use only):

Legal Description: _____ Zoning: _____

Notice: Separate permits are required for electrical, plumbing, heating, ventilation or air conditioning. This permit expires 12 months from the date of issuance. The undersigned warrants that he/she has reviewed and is familiar with the provisions of the Ankeny construction and maintenance codes of the Municipal Code of the City and all applicable zoning standards and will defend, indemnify, protect and save harmless the City and its employees from any and all liability, from any claim or cause of action which any person may have or claim to have by reason of any actual or alleged failure on the part of the undersigned to comply with the terms and provision thereof. I hereby certify that I have read and examined this application and its attachments and know the same to be complete, true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. I agree to adhere to the plans as submitted and approved by the Architectural Review Board and City Staff and will provide notification of any change prior to construction. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. My signature below verifies that I understand the above.

Signature of Applicant _____ Date _____

Printed Name: _____

ALLOW A MINIMUM OF 5 FULL WORKING DAYS FOR PERMIT APPLICATION REVIEW

Office Use Only
Date received _____ Permit Fee \$ _____
Approval Notification Date _____ Valuation \$ _____

Floor Plan Drawing:

Address: _____

Sketch diagram indicating:

- ✓ Show rooms and label uses – existing and proposed
- ✓ Provide dimensions of rooms and spaces
 - Width
 - Length
 - Height
- ✓ Location of smoke detectors – existing and proposed
- ✓ Location of carbon monoxide detector
- ✓ Location of mechanical room and how accessed

