



Residential Building Application
Porch (Covered)

Project Address: _____

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

Applicant _____ E-mail _____

Address _____ Day Phone # _____

Contractor _____ E-mail _____

Address _____ Day Phone # _____

Covered Porch - [] front / [] rear / [] side _____ sq ft

Describe work: _____

Attachments: [] Site Drawing [] Footing/Foundation Drawing [] Wall Section Showing Components

Is this property in a flood plain? [] No [] Yes Minimum Elevation _____ [] Flood Plain Permit (if necessary)

Setbacks (actual): Front _____ Left Side _____ Right Side _____ Rear _____

Electrical Contractor: _____

(for office use only):

Legal Description: _____ Zoning: _____

Easements _____

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.

Signature of Applicant _____ Date _____

Printed Name: _____

ALLOW A MINIMUM OF 5 FULL WORKING DAYS FOR PERMIT REVIEW & APPROVAL

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

Site Drawing:

Address: _____

Sketch diagram indicating:

- ✓ Existing structures
- ✓ North arrow
- ✓ Dimensions of any additions or accessory structure
 - Width
 - Length
 - Height
- ✓ Distance from property lines for any addition or accessory structure
- ✓ Easements
- ✓ Water Meter Location

