



Commercial Building Application
Alterations

ProjectAddress: \_\_\_\_\_

Applicant is: [ ] Property Owner [ ] Contractor [ ] Architect [ ] Engineer [ ] Other \_\_\_\_\_

Applicant \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Contractor \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Describe Work/Use: \_\_\_\_\_

Valuation: \_\_\_\_\_ Suite/space size: \_\_\_\_\_ sq ft Building size overall: \_\_\_\_\_ sq ft

Fire Alarm System Provided: Yes [ ] No [ ] Fire Alarm System Monitored: Yes [ ] No [ ]

Fire Extinguishing System Yes [ ] No [ ] if yes: [ ] Dry [ ] Wet [ ] Other \_\_\_\_\_

Building Signs: Yes [ ] No [ ] Yard Sign: Yes [ ] No [ ] Fence: Yes [ ] No [ ] (Separate fence & sign permits are required)

Water Meter Size as determined by Ankeny Water Administrator: \_\_\_\_\_

Is this property in a flood plain? [ ] No [ ] Yes Minimum Elevation \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_

Electrical Contractor \_\_\_\_\_

Mechanical 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 building and fire codes; as set for the under Chapters 175 and 180 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: \_\_\_\_\_

PLEASE ALLOW A MINIMUM OF 10 WORKING DAYS FOR PERMIT APPLICATION REVIEW

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

# Tenant Improvements Permit Submittal Requirements

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2015 International Residential Code  
2015 International Building Code  
2015 International Mechanical Code  
2015 International/Uniform Plumbing Code  
2015 International Fuel Gas Code  
2012 International Energy Conservation Code  
2015 International Fire Code  
2017 National Electric Code

## **THE FOLLOWING INFORMATION IS NEEDED FOR THE PERMIT REVIEW PROCESS:**

**THREE SETS** of plans, drawn to scale and fully dimensioned with the following details: type of construction, square footage, all room uses labeled; accessible/handicap dimensions for doors, entrances, restrooms etc.; equipment plan for kitchens etc.; suppression and alarm system(s) and a key plan showing the address and location of the suite within any building of more than one tenant and adjacent uses/businesses. One set may be returned as “job set” upon request.

**ONE SET** of spec book(s), structural calculations as needed.

**CODE ANALYSIS** for change in occupancy, large scale projects and assembly uses as follows: codes and design criteria used, type of construction, occupancy groups(s) and loads, exiting requirements and calculations, travel distance, fire protection, suppression and alarm systems etc.

**DESIGN PROFESSIONAL RESPONSIBLE/IN CHARGE** as applicable shall be documented, including the extent of their responsibilities through the construction phase until project completion.

**DOCUMENTS**, as required pursuant to Sections 542B and 544A of the Code of Iowa, shall bear the stamp and signature of all design professionals who shall be licensed in the State of Iowa as determined by the State Code of Iowa or if exempt, the proper form shall be completed and provided. Individual plan sheets may be stamped and signed or cover sheet may be stamped and signed with all pages under design professionals’ purviews noted. At least one set shall be wet seal.

**SPECIAL INSPECTIONS** shall be as required per the 2015 International Building Code Chapter 17 and shall be duly noted on the plans (3rd party inspection required).

**ENERGY REVIEW** documentation showing compliance with the 2012 International Energy Conservation Code and State of Iowa energy requirements. 661 IAC Chapter 303 – note: 3<sup>rd</sup> party verification by energy professionals of installations and/or testing is required.

**FIRE ALARM and SUPPRESSION PLANS** shall be submitted to the Fire Marshal’s office for review and approval. If questions call (515)965-6475.

**HAZARDOUS MATERIALS** commodities (MSDS), quantities and storage systems shall be submitted to the Fire Marshal’s office for review and approval. For questions call (515)965-6475.

**ACCESSIBILITY** for the physically disabled shall be documented as part of the code analysis (in accordance with 2015 IBC & ANSI A117.1 2009). The owner, contractor and developer are also responsible for compliance with the **Americans with Disabilities Act (ADA) and the Fair Housing Act** (ICC/ANSI A117.1). If questions call the Iowa Division of Persons with Disabilities 661 IAC Chapter 302. Phone: (888)219-0471. Web site: [www.state.ia.us/dhr/pd/](http://www.state.ia.us/dhr/pd/)

**STATE AND FEDERALLY FUNDED OR LICENSED PROJECTS** Designers/Owners of state or federally funded or licensed projects should contact the Iowa State Fire Marshal's Office and/or applicable federal agencies regarding review and requirements. Phone: (515)725-6145 web site: [www.dps.state.ia.us/fm/](http://www.dps.state.ia.us/fm/)

**CONTRACTOR REGISTRATION** All contractors must be registered with the State Labor Services Division. Phone: (800)562-4692. Web site: [www.iowaworkforce.org/labor/contractor.htm](http://www.iowaworkforce.org/labor/contractor.htm)

**ELECTRICAL** Electrical work and installations may be done only by contractors licensed by the State of Iowa. For licensing information contact Department of Public Safety. Phone: (800)725-6145. Web site: [www.dps.state.ia.us/fm/electrician/](http://www.dps.state.ia.us/fm/electrician/) Permits are required and are available from the City of Ankeny.

**MECHANICAL & PLUMBING** Mechanical and Plumbing work and installations may be done only by contractors licensed by the State of Iowa. For licensing information contact the Department of Public Health. Phone: (866)280-1521. Web site: [www.idph.iowa.gov/PMSB/](http://www.idph.iowa.gov/PMSB/) Permits are required and are available from the City of Ankeny

**ELEVATORS** Elevator contractors contact the State Division of Labor for approval. Phone: (515)281-5387 or (800)562-4692. Web site: [www.iowaworkforce.org/labor/](http://www.iowaworkforce.org/labor/)

**FOOD ESTABLISHMENTS** contact the Iowa Department of Inspection & Appeals Food and Consumer Safety Bureau. Phone: (515) 281-7102. Web Site: [www.state.ia.us/government/dia/](http://www.state.ia.us/government/dia/)

**ALARMS & FIRE SUPPRESSION SYSTEMS** Contractors and installers working on fire alarm systems, burglar or security alarm systems, medical alarm systems and suppression systems will be required to maintain current state certification and/or licensure. Contact the Department of Public Safety for certification of alarm system contractors and alarm system installers. Phone: (515)725-6145. Web site: [www.dps.state.ia.us/fm/](http://www.dps.state.ia.us/fm/)

**GREASE INTERCEPTORS** Any establishment that stores, prepares, packages, serves, vends, or otherwise provides food for human consumption is considered a Food Service Establishment (FSE) and shall install *at a minimum* a 1,000 gallon outdoor grease interceptor. Ankeny Municipal Code Chapter 101  
For questions concerning grease interceptor(s) and sizing please contact: Wastewater Reclamation Authority (WRA) Phone: (515)323-8000. Web Site: [www.dmmwra.org/aspx/industrialbusiness/fogprogram.aspx](http://www.dmmwra.org/aspx/industrialbusiness/fogprogram.aspx)