



Commercial Building Application
Alterations

Project Address: _____

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)

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 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: _____

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

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