



BUILDING PERMIT APPLICATION

913 S Dubuque St, Suite 204
Iowa City, IA 52240
Phone: (319) 356-6085
Fax: (319) 356-6084

STAFF USE ONLY
Received by:
Permit #:

Job Site Address _____

Lot # & Subdivision _____ **Parcel #** _____

Applicant _____ **Phone** _____

Address _____ **City/St/Zip** _____

Owner _____ **Phone** _____

Address _____ **City/St/Zip** _____

General _____ **Phone** _____

Address _____ **City/St/Zip** _____

Subcontractors

Mechanical _____ **Phone** _____

Electrician _____ **Phone** _____

Plumber _____ **Phone** _____

Type of Construction (check one box) New Alteration Addition Repair/Replace

Project Description (include dimensions) _____

Total Valuation of Project \$ _____
(Excluding cost of land)

Health Department Information

Will this contain a business or commercial kitchen? No, Yes - Describe _____

Total number of bedrooms added (if project is residential) _____ Will there be any new plumbing or changes to the existing plumbing? No, Yes - Describe _____

The proposed construction shall be properly marked or staked on the property at the time of this application. The undersigned applicant shall call for all inspections and be responsible for this project until final approval by Johnson County. The undersigned applicant also agrees to comply with all County ordinances, State and Federal laws regulating building construction and certifies under oath and penalties of perjury that the foregoing information is true and correct:

Applicant's Signature _____ **Email** _____

To Be Completed by Staff:

Zoning District _____ Lot pins located? No Yes Structure staked? No Yes

Will this project include an addition to or an alteration of conditioned space? No Yes – If yes it is mandatory that the applicant complete an Energy Code Compliance Form

Approvals:

City Approval – Oxford/Shueyville/ Swisher (where applicable) _____

Variance Approval Date _____ Raze Agreement Expiration Date _____

Setbacks _____ Plan Review _____ Health Department _____

Johnson County grants this permit to proceed in accordance with the information shown on this application and after receipt of permit fee is acknowledged. This permit shall expire 24 months after the approval date below. All disturbed soils associated with this permit shall be contained on the building site or this permit may be revoked.

Permit Approved by Administrative Officer: _____

Permit Fee Information	
Total Due	
Receipt Number	
Check Number	

- Credit Card
- Cash
- Check

Valuation Calculations

NOTES