



City of Centerville, Iowa

312 E. Maple, Centerville, IA 52544/Phone: (641)437-4339/Fax: (641)437-1498

BUILDING PERMIT

Residential

Commercial

Permit# _____

TYPE OF PERMIT: Building Fence Shed/Garage Deck/Porch Other

ATTACH SITE PLAN, DRAWINGS, AND/OR BUILDING PLANS

JOB SITE		BUILDING SQUARE FOOTAGE		
ADDRESS: _____		Level 1 _____	Shed/Garage _____	
NAME: _____		Level 2 _____	Deck/Porch _____	
DATE: _____		Basement/Finished _____		
		Basement/Unfinished _____		
		Valuation of Work: \$ _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Civic <input type="checkbox"/> One/Two Family <input type="checkbox"/> Multi (No. _____)		DESCRIPTION OF PROJECT:		
ZONING DISTRICT _____ VARIANCE NO. or CONDITIONAL USE _____				
Owner	Name _____	Email _____		
	Address _____	Fax No. _____		
	City _____	Telephone No. _____		
	State/Zip _____	Cell No _____		
			PERMIT FEES Office Use Only	
		FENCE	\$ _____	
		SHED	\$ _____	
		DECK	\$ _____	
		OTHER	\$ _____	
		PLAN REVIEW FEE	\$ _____	
		TOTAL PERMIT FEE	\$ _____	
		ADDITIONAL ACKNOWLEDGEMENTS		
		<ul style="list-style-type: none"> Except as provided by law, where any work has been started prior to obtaining this permit, the regular fee shall be doubled. This permit shall expire if work has not commenced or has been abandoned for 180 days. ALL WORK MUST BE INSPECTED. It is the responsibility of the permittee to call for inspections. No work shall be concealed or covered until approved by the inspector. The permittee acknowledges they are proficient in the performance of the work covered by this permit and take full responsibility for location of all property lines. Note: Re-inspection fee is \$35 		
		SIGNATURE OF OWNER OR AGENT		
		X _____ Date: _____ To schedule an inspection, or have any questions please call: City of Centerville Building Official Justin Doll, (641)437-4339		
		<input type="checkbox"/> Payment Received Date: _____ Amount: \$ _____		
		Approved: _____ DATE: _____ BUILDING OFFICIAL		
Contractor	Name _____	Email _____		
	Address _____	State Lic.# _____		
	City _____	Lic. Exp Date _____		
	State/Zip _____	Phone No. _____		
	Architect-Engineer	Name _____	Email _____	
		Address _____	Fax No. _____	
		City _____	Telephone No. _____	
		State/Zip _____	Cell No. _____	
	Sub-Contractors	Company Name: _____	Phone: _____	
		State Lic. # _____		
Company Name: _____		Phone: _____		
		State Lic. # _____		
Company Name: _____		Phone: _____		
		State Lic. # _____		