



# City of Centerville, Iowa

Zoning Administrator

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 _____	
<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Civic <input type="checkbox"/> One/Two Family <input type="checkbox"/> Multi (No. _____)		Valuation of Work: \$ _____	
ZONING DISTRICT _____ VARIANCE NO. or CONDITIONAL USE _____		DESCRIPTION OF PROJECT:	
Owner	Name _____ Email _____	PERMIT FEES Office Use Only	
	Address _____ Fax No. _____		
	City _____ Telephone No. _____		
	State/Zip _____ Cell No. _____		
Contractor	Name _____ Email _____	FENCE \$ _____	
	Address _____ State Lic.# _____	SHED \$ _____	
	City _____ Lic. Exp Date _____	DECK \$ _____	
	State/Zip _____ Phone No. _____	OTHER \$ _____	
Architect-Engineer	Name _____ Email _____	PLAN REVIEW FEE \$ _____	
	Address _____ Fax No. _____	TOTAL PERMIT FEE \$ _____	
	City _____ Telephone No. _____	ADDITIONAL ACKNOWLEDGEMENTS	
	State/Zip _____ Cell No. _____		
Sub-Contractors	Company Name: _____ Phone: _____	<ul style="list-style-type: none"><li>Except as provided by law, where any work has been started prior to obtaining this permit, the regular fee shall be doubled.</li><li>This permit shall expire if work has not commenced or has been abandoned for 180 days.</li><li>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.</li><li>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.</li><li>Note: Re-inspection fee is \$35</li></ul>	
	Company Name: _____ Phone: _____		
	Company Name: _____ Phone: _____		

SIGNATURE OF OWNER OR AGENT

X \_\_\_\_\_ Date: \_\_\_\_\_  
To schedule an inspection, or have any questions please call:  
City of Centerville Building Official  
Frank Belloma, (641)437-4339

☐ Payment Received Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Approved: \_\_\_\_\_ DATE: \_\_\_\_\_

BUILDING OFFICIAL