

CITY OF CONRAD-BUILDING PERMIT APPLICATION
204 E CENTER STREET-PO BOX 414 CONRAD, IOWA 50621 641-366-2300

No Improvement shall begin until building permit is approved by the Zoning Administrator.

Before this building permit may be issued, the lot markers must be flagged. A penalty of \$100 per day will be assessed if the improvement is built in violation of the setback regulations.

PERMIT NUMBER _____ **PERMIT FEE** _____

Name of Applicant _____ Address _____

Phone _____

Project Address _____

Legal Description of Property _____

Zoning Classification _____ Lot Size: _____ feet X _____ feet Total Square Feet: _____

Lot in Flood Plain ___Yes___ No Proposed Improvement in Flood Plain ___Yes___ No

TYPE OF IMPROVEMENT

_____ New Building _____ Garage _____ Addition _____ Storage Shed Size _____ feet X _____ feet
_____ Basement _____ Concrete Slab _____ Other _____

_____ Fence Height _____ feet Length _____ feet Material _____

_____ Deck/Porch/Patio Size: _____ feet X _____ feet Height _____ feet Material _____

_____ Other _____

(Please List)

Type of Permit for New Building in Residentially Zoned Area: _____ Single Family _____ Multi-Family

If Multi-Family: # of Units _____

Off Street Parking _____ Off Street Loading _____

Description of Improvement _____

Cost of Improvement _____

Beginning Construction Date _____ Estimated Completion Date _____

Distance Improvement Is From Property Lines:

*Front Yard _____ feet *Rear Yard _____ feet

*Side Yard N / S / E / W _____ feet *Side Yard N / S / E / W _____ feet

(Circle One)

(Circle One)

I HEREBY AFFIRM THE ABOVE STATEMENTS ARE TRUE AND CORRECT. I AGREE TO COMPLY WITH THE PROVISIONS OF THE BUILDING CODE AND OTHER APPICABLE LAWS AND ORDINANCES OF THE CITY OF CONRAD AND THE STATE OF IOWA.

APPLICANT'S SIGNATURE

DATE

FOR OFFICE USE ONLY:

PERMIT: APPROVED _____ **DENIED** _____ **DATE** _____

REASON FOR DENIAL _____

Zoning Administrator

