The City of Grand Mound Building Permit

Name of Applicant	Phone Number:()			
Mailing address:	E-mail			
Full legal description	on and physical location of the proposed building site:			
Lot No	Block No Addition			
	g made for a Building Permit or the purpose of: Addition Commercial Building Garage FenceOther			
What is the zoning	district of the property : (Zoning districts A-1, R-1, R-2,C-1,C-2, M-1			
State the type of rec	quested use in accordance with Chapter 166 Zoning Regulations:			
Please mark the typ	be of requested use of the property: Permitted Conditional Accessory			
_	located on a parcel of land; where any area of that parcel is located within the chance 100-year flood plain? Yes No			
Approved Flood Pla	ain Development Permit on File? Yes No N/A			
floor plans, elevation	Attached a drawing of the proposed plans/work; drawn to scale including ons & structural details as may be required by the Building Official. Please from each side of the lot line that the proposed structure or building will be			
w				
	S			
В	uilding Dimensions Building Height			
	Distance from property lot lines:N E S W			
Yard size Front Estimated cost of C	Side Side Rear Construction \$			

I hereby certify that the information provided on this application Is accurate. I understand that the permit will be issued on that basis and that all construction and uses will comply with the standards outlined in the Building and Property Regulations Zoning, Land Use and Subdivisions ordinances for the City of Grand Mound, Iowa, which is available from the City Clerk or online at www.cityofgrandmound.org. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law, ordinance, or regulation. Violation of any of these ordinances or laws shall result in the revocation of the permit and any structure built on the site may be required to be removed.

*For the State of Iowa Electrical Inspection and Permitting Program rules and guidelines

please visit http://iowaelectrical.gov or call 1-866-923-1082 *

By my signature, I certify that I have read and understand the conditions of this permit.

			(Date)	
OFFICE USE ONLY				
A Permit is: A	APPROVED	DENIED		
*IF A CONDITIONAL/ACCESSORY USE or VARIANCE IS REQUESTED THE APPLICATION WILL BE REFERED				
TO THE BO	OARD OF ADJUSTMENT FOR	R A PUBLIC HEARING		
*ADDITIONAL INFORMAITON NEEDED				
Reason for Denial:				
Permit Fee Paid:	Date Paid			
Date Granted:	Permit Expires			
Copy sent to County rbadtram@clintoncounty@ia-gov				
(Building Official Signature)			(City Clerk Signature)	