

405 Walnut St. PO Box 100 De Soto, IA 50069 | Ph: 834-2233 Email: cityclerk@desoto-ia.org

TYPE OF PERMIT: Building Fence Shed Deck Pool Other

ATTACH SITE PLAN, DRAWINGS, AND/OR BUILDING PLANS

JOB SITE		BUILDING SQUARE FOOTAGE	
ADDRESS: _____ NAME: _____ DATE: _____		Level 1 _____ Pool Size _____ Level 2 _____ Deck sqf _____ Finished B _____ Garage/Shed _____ Unfinished B _____	
<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Public <input type="checkbox"/> One-Family <input type="checkbox"/> Two-Family <input type="checkbox"/> Multi (No. _____)		DESCRIPTION OF PROJECT: 	
ZONING/DISTRICT _____			
Is property in a Flood Plain? <input type="checkbox"/> Yes <input type="checkbox"/> No MPE Elevation _____			
Owner	Name _____ Email _____	PERMIT FEES	
	Address _____ Fax No. _____		
	City _____ Telephone No. _____		
	State/Zip _____ Cell No _____		
Contractor	Name _____ Email _____	FENCE \$ _____ SHED \$ _____ DECK \$ _____ POOL \$ _____ SIDE 2 \$ _____ TOTAL FEE'S \$ 	
	Address _____ Fax No. _____		
	City _____ Telephone No. _____		
	State/Zip _____ Cell No _____		
Architect-Engineer	Name _____ Email _____	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 120 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. Fill out this application and submit with PDF plans to City Hall. 	
	Address _____ Fax No. _____		
	City _____ Telephone No. _____		
	State/Zip _____ Cell No _____		
SIGNATURE OF OWNER OR AGENT		X _____ DATE: _____	
Sub-Contractors	Company Name: _____ Phone: _____ State Lic. # _____	<p style="color: red; font-weight: bold; margin: 0;"> To schedule an inspection, or have any questions please call Veenstra & Kimm at 515-850-2980. Email: buildinginspection@v-k.net. A 24 hour inspection notice is needed. </p> <input type="checkbox"/> Payment Received Date: _____ Amount: \$ _____	
	Company Name: _____ Phone: _____ State Lic. # _____		
	Company Name: _____ Phone: _____ State Lic. # _____		
WHEN APPROVED BELOW, THIS BECOMES YOUR PERMIT		ISSUED BY: _____ DATE: _____	