

APPLICATION FOR BUILDING PERMIT

CITY OF CASCADE, IOWA
320 1st Avenue W, P.O. Box 400, Cascade, Iowa 52033
PH 563-852-3114/ FAX 563-852-7554

Applicant Name: _____ Date: _____

Address: _____

Phone #: (home) _____ Cell: _____

Legal Description: _____

Zoning Classification: _____

Is the property located in the floodplain? _____

Type of Improvement

____ New Construction ____ Addition ____ Garage ____ Fence
____ Storage Shed ____ Sign ____ Deck ____ Other

General Description of Improvement:

Estimated Cost of Project: _____

Construction Information

Proposed Setbacks

Front _____

Side _____

Rear _____

Height _____

Water/Sewer Information

Water/Sewer Connection Required

____ Yes ____ No

Contractor's Name: _____

Contractor's Address: _____

All requests for building permits shall be accompanied by a drawing of the lot location and the proposed and existing structures. The drawing shall also show the setbacks from the property lines and show distances between structures.

I hereby certify that I have read and examined this application and know the same to be true and accurate and that the above construction will comply with the zoning ordinance in all respects.

Owner Signature

Date

All requests must be approved and signed by the Zoning Administrator and the assigned City Council person.

This building permit is { } Approved { } Denied

Reason for Denial: _____

Zoning Administrator: _____ Date: _____

Councilperson: _____ Date: _____

Permit Fee \$ _____

Date Paid: _____

PROPOSED SKETCH OF IMPROVEMENT

