

# CITY OF LE GRAND

# BUILDING PERMIT

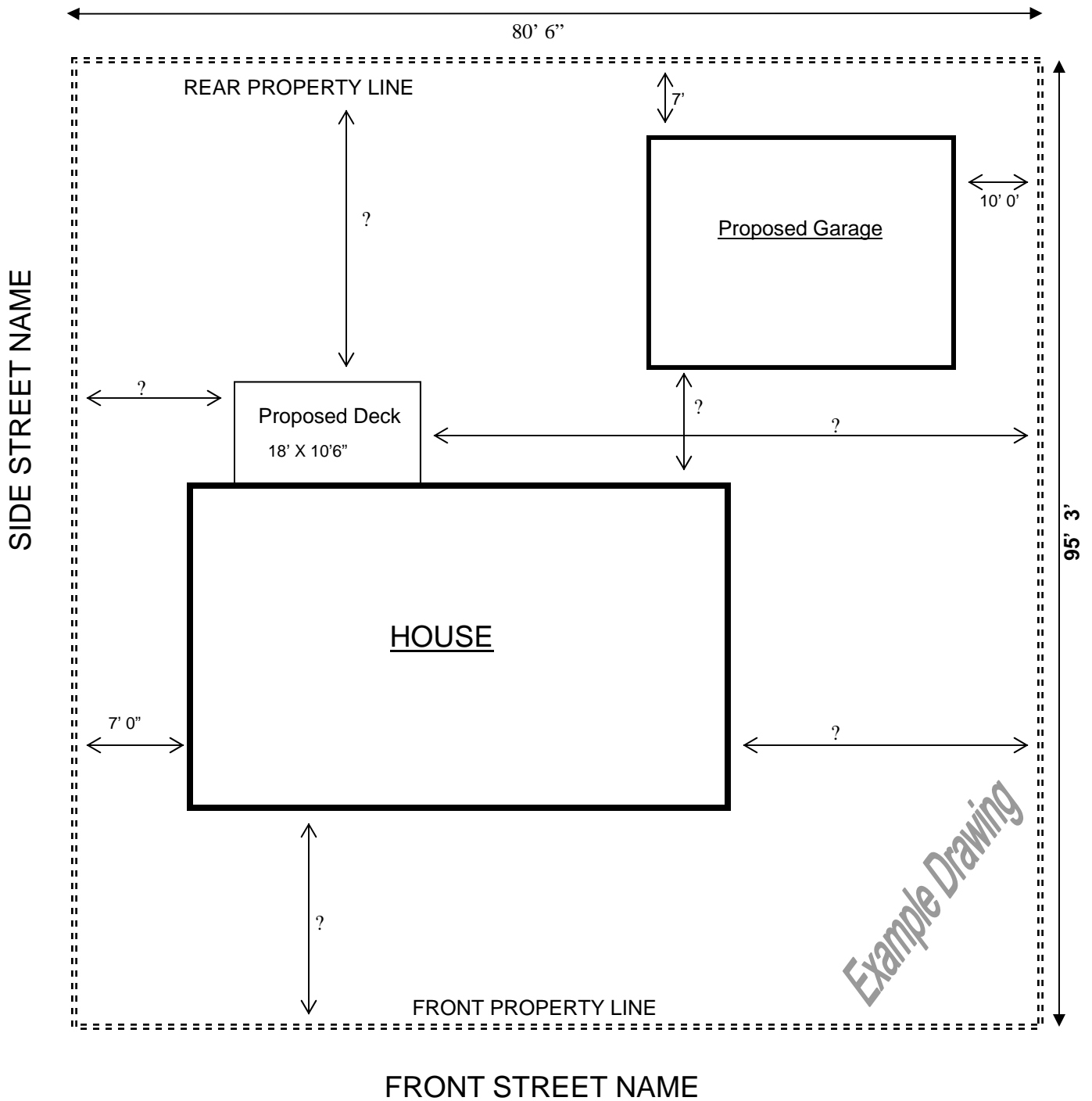
Permit No. \_\_\_\_\_

P.O. Box 430, 104 W Main St. Le Grand, IA 50142 | Ph: 641-479-2464 | clerk@legrand-ia.gov

TYPE OF PERMIT:    Building       Deck       Pool       Other**ATTACH SITE PLAN, DRAWINGS, AND/OR BUILDING PLANS**

JOB SITE		BUILDING SQUARE FOOTAGE	
ADDRESS: _____		Level 1 _____	Pool Size _____
NAME: _____		Level 2 _____	Deck sqf _____
DATE: _____		Bsmt Finished _____	Garage/Shed _____
Plat # _____ Lot# _____ Development _____		Bsmt Unfinished _____	
Commercial One-Family      Industrial Two-Family      Public Multi (No. _____)		<b>DESCRIPTION OF PROJECT:</b>	
Property is in a Flood Plain?    Yes    No    MPE _____			
<b>Owner</b>	Name _____	Email _____	
	Address _____	Fax No. _____	
	City _____	Telephone No. _____	
	State/Zip _____	Cell No _____	
<b>Contractor</b>	Name _____	Email _____	
	Address _____	Fax No. _____	
	City _____	Telephone No. _____	
	State/Zip _____	Cell No _____	
<b>Architect-Engineer</b>	Name _____	Email _____	
	Address _____	Fax No. _____	
	City _____	Telephone No. _____	
	State/Zip _____	Cell No _____	
<b>Sub-Contractors</b>	Company Name: _____	Phone: _____	
		State Lic. # _____	
	Company Name: _____	Phone: _____	
	State Lic. # _____		
Company Name: _____	Phone: _____		
	State Lic. # _____		
<b>SIGNATURE OF OWNER OR AGENT</b>		<b>PERMIT FEES</b>	
\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>		PROJECT VALUATION	FENCE \$ _____
			SHED \$ _____
			DECK \$ _____
			POOL \$ _____
			SIDE 2 \$ _____
			<b>TOTAL PERMIT FEE</b> \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>
<b>ADDITIONAL ACKNOWLEDGEMENTS</b>			
<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 120 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.</li><li>Fill out this application and return to City Hall or email: <a href="mailto:Clerk@legrand-ia.gov">Clerk@legrand-ia.gov</a></li></ul>			
<b>SIGNATURE OF OWNER OR AGENT</b>		<b>DATE:</b> _____	
		<b>X</b> _____	
<b>To schedule an inspection, or have any questions please call Veenstra &amp; Kimm at 515-850-2980. Email: <a href="mailto:BuildingInspections@v-k.net">BuildingInspections@v-k.net</a> A 24 hour inspection notice is needed.</b>			
<input type="checkbox"/> Payment Received    Date: _____    Amount: \$ _____			
<b><u>WHEN APPROVED BELOW, THIS BECOMES YOUR PERMIT</u></b>			
ISSUED BY: _____		DATE: _____	
BUILDING OFFICIAL			

# Example Site Plan



Site plans shall include distances from all building to all lot lines and distances from building to building.

