

**CITY OF DENISON, IOWA
APPLICATION FOR PERMITS**

Zoning District _____	Fire Zone In <input type="checkbox"/> Out <input type="checkbox"/>	Date _____	Permit No. _____
CONTRACTOR Name _____		Owner's Name _____	
		Present Address _____	
DESCRIPTION OF WORK _____		Intended Use _____	
_____		Phone Number _____	
_____		PERMIT FEE.....\$ _____	
_____		Lot No. _____ Block No. _____	
_____		Addition or Legal Description _____	
_____		_____	
Floor Area, Sq. Ft. _____		Size of Lot _____	
<input type="checkbox"/> Basement	<input type="checkbox"/> No Basement	No. and Type of Buildings Now on Lot _____	
<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	_____	
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Sewer	Building Address _____	
<input type="checkbox"/> Occupancy	<input type="checkbox"/> Mechanical	If granted a Building Permit, I hereby agree to comply with all City Ordinances and State Laws regulating construction and occupancy.	
<input type="checkbox"/> Curb Grinding	<input type="checkbox"/> Sidewalk	_____ Owner	
No. of Stories _____	No. of Rooms _____ No. of Families _____	By _____ AUTHORIZED AGENT	
Basement Type _____	Wall Type _____	APPROVED BY _____ ENFORCING OFFICE	
Roof Covering _____	<input type="checkbox"/> CHECKED FOR OFF-STREET PARKING		

PLOT PLAN

CONTRACTOR WILL TAKE APPROPRIATE ACTION TO CONTROL EROSION AND SEDIMENT OF NEIGHBORING PROPERTY.

Distance from front lot line _____
Distance from side lot lines _____
Distance from rear lot line _____

Estimated Cost _____

THE CONTRACTOR WILL INSULATE ACCORDING TO THE STATE BUILDING CODE.

D.M.U. Fees

- Water
- Sewer Subdivision
- Sewer Assessment