

# City of New Richland Building Permit/Application

DATE RECEIVED	RECEIVED BY	PERMIT #
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## Applicant Complete Information Below

PROJECT ADDRESS		OR PID#
PROPERTY OWNER	PHONE #	
ADDRESS	CITY	STATE ZIP CODE
GENERAL CONTRACTOR	LICENSE #	PHONE #
PLUMBING CONTRACTOR	LICENSE #	PHONE #
MECHANICAL CONTRACTOR	BOND#	PHONE #

Proposed Use [check one]:

<input type="checkbox"/> Dwelling	<input type="checkbox"/> Private Garage	<input type="checkbox"/> Home Addition	<input type="checkbox"/> Deck	<input type="checkbox"/> Pole Building
<input type="checkbox"/> Furnace	<input type="checkbox"/> Three Season Porch	<input type="checkbox"/> Finish Basement	<input type="checkbox"/> Water Heater	<input type="checkbox"/> Re-Roof
<input type="checkbox"/> Fireplace	<input type="checkbox"/> Business/Commercial	<input type="checkbox"/> Siding	<input type="checkbox"/> Other _____	

DESCRIPTION OF PROJECT:

DIMENSIONS	USE AND OCCUPANCY	ESTIMATED VALUE	LOT SIZE/DIMENSIONS	EXISTING STRUCTURE SQ FT
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This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. 24 hour advance notice on all inspections.

NAME [please print]	ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	PHONE #		

## City Use Only

**PLANNING:**

ZONING DISTRICT	MINIMUM SETBACKS REQUIRED	Front _____	Side _____	Rear _____
	Road Right of Way _____	Other: _____		

REVIEWED BY	DATE
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SUBJECT TO THE FOLLOWING CONDITIONS:

**BUILDING:**

REVIEWED BY	DATE
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SUBJECT TO THE FOLLOWING CONDITIONS:

**For Inspections call: 1-877-333-5620 Twenty-four hour notice required.**

## Fees

Building Permit _____	Plan Review _____	State Surcharge _____
Plumbing Permit _____	Plan Review _____	State Surcharge _____
Mechanical Permit _____	Plan Review _____	State Surcharge _____
Other: _____		
Total Permit _____	Total Plan Review _____	Total Surcharge _____

**TOTAL DUE:** \_\_\_\_\_ Date Issued: \_\_\_\_\_ Issued By: \_\_\_\_\_ Receipt # \_\_\_\_\_