

**CITY OF CLARKSVILLE, IOWA
BUILDING PERMIT APPLICATION AND APPROVAL**

Applicant Information:

Name of Applicant:
Applicant's Address:
Applicant's Telephone Number and/or E-MAIL ADDRESS:
Applicant's Alternate Telephone Number (Optional):
Applicant's Fax Number (Optional):
Applicant's Email Address (Optional):

Property Information:

General Address of Property in Question (parcel number, street address or road address):
Signature of Waiver for set back off adjacent property (if needed): Set Back _____ ft. Date _____
Signature of Neighbor _____ Council approve Waiver: Date _____ <p align="center"><i>Molly Bohlen, City Clerk</i></p>
<i>Attach a site plan or plot plan that contains lot dimensions, and size, shape and location of buildings or structures to be erected or affected..</i>

Request Information:

Existing Use of Property:
Estimate Cost of Project:
Proposed Use of Property or Improvement:

Actual (Site Specific) Dimensional Information:	Ordinance Dimensional Requirements:
Building Height: _____	Maximum Building Height: 45 feet
Set Back off Adjacent Property: _____	Maximum Accessory Building Height: 20 feet
Type of Heat (gas, oil, coal, electricity, wood): _____	Minimum Set Back off Adjacent Property: 7 feet
Front Yard Setback: _____	Type of Heat: _____
Side Yard Setback: _____	Minimum Front Yard Setback: 20 feet
Rear Yard Setback: _____	Minimum Side Yard Setback: 6 feet
Dwellings	Minimum Rear Yard Setback: 10 feet
Square Feet on Main Floor: _____	Dwellings
Foundation: _____	Minimum Square Feet on Main Floor: 850 sq. ft.
Concrete Floor: _____	Foundation: (48) inches
Foundation Barrier: _____	Required
Water Service Needed: _____	Minimum (Size Building Without) Concrete Floor: 150 sq. ft.
Sewer Service Needed: _____	Minimum Foundation Barrier: 1 foot
Electrical Work: _____	Water Service: _____
	Sewer Service: _____
	All new sanitary sewer services require backwater valves. No sump pumps can be connected to the sanitary sewer.
	Electrical Permit: _____
	Required

Acknowledgement and Certification of the Applicant and/or Owner:

I/We understand this application, and that it with required attachments, constitutes our complete building permit application for the proposed use or improvement stipulated above. I/We certify that the information we have provided to the Code Enforcement Officer is complete, accurate, and true to the best of our knowledge. Any intentional falsification or change in the information contained in this application, or to the attached information, shall cause: this application to become null and void and any approval granted herein to be revoked.

I/We understand the nonrefundable fee for a building permit is \$ _____. Under no circumstances shall all, or part, of this fee be refunded to applicant.

An applicant who is issued a building permit is bound, by acceptance of the permit, to commence the construction for which the permit is issued within six (6) months from and after the date of issue of said permit, and is bound to finish said construction within six (6) months from and after said date of issue. Failure to commence construction within six (6) months shall cause the permit to expire. A building permit issued under the provisions of this chapter shall be valid for a period of six (6) months from and after the date of issue of said permit. Upon expiration of a permit, the holder shall make a new application for a new permit under the provisions of this chapter and shall otherwise go through the same procedure as required for issuance of the original building permit. The fee for the second permit, as in the case of the original permit fee, shall be set by resolution by the City Council.

Applicant Signature

Owner Signature, if not the applicant

Date: _____

Date: _____

Approval of the City:

Based on the information provided in this application, and attested to, by the applicant, I have reviewed the request and hereby approve of this application for building permit compliance on behalf of the City of Clarksville, Iowa.

Maintenance Superintendent-Signature

Date

City Council approved: _____
Date

**PLEASE SEND THIS FORM TO: City of Clarksville
115 W Superior St
PO BOX 309
Clarksville, IA 50619**