

CITY OF ELKADER BUILDING PERMIT APPLICATION
207 NORTH MAIN - PO BOX 427 ELKADER, IA 52043 (563) 245-2098

CHAPTERS 136, 155, AND 165 166, OF THE MUNICIPAL CODE

Address of property for permit: _____

Name of applicant: _____

Name of owner (if different than applicant): _____

Phone of applicant: _____

Street address of owner (if different than above address): _____

What are you planning to do? (be specific): (If a new roof or siding circle and skip to contract name.)

Zoning of property: _____

Drainage altered: yes / no Water connection required: yes / no Sewer connection required: yes / no

Detailed drawing or photo required. (Photos of lots can be found on County Assessor's website: <https://beacon.schneidercorp.com/?site=ClaytonCountyIA>)

The following must be included:

- ___ size of project;
- ___ draw on aerial photo the project in relation to other existing buildings and distance from those buildings;
- ___ drawing must include distances from property lines;
- ___ additional information not addressed by above list: _____
_____ (use back if necessary)

Contractor name & address: _____

Approximate cost of project: \$ _____

Permits expire after one year. When will your project start/end? _____

Permit (yellow card) should be displayed in the front windows of property where work is being done.

Signature of applicant: _____ Date of Application: _____

Signature of owner: _____ Date: _____

APPLICATION APPROVED / DENIED:

Public Works Director

City Administrator/Clerk

Notes: (does this need to go to Board of Adjustments? Does this need MSE Design Committee approval?)