Building Permit No. _____ Fee $_____ Date Paid_____

CITY OF ELKADER BUILDING PERMIT APPLICATION

207 NORTH MAIN - PO BOX 427 ELKADER, IA 52043 (563) 245-2098

CHAPTERS 136, 155, 160, 162, 165 AND 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):

_____

_____

_____

Zoning of property: _____ 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:
___ drawing must include distances from property lines;
___ size of project;
___ draw on aerial photo the project in relation to other existing buildings and the distance from those buildings.
___ 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

_____ Variance needed from Board of Adjustments? _____ Flood plain permit required?

_____ Stormwater permit application needed? _____ Approval needed from MSE Design Committee?
https://www.iowadnr.gov/environmental-protection/water-quality/stormwater-program/stormwater-permit-information

Form revised September 2026