

## CITY OF WOODBINE 517 WALKER STREET WOODBINE, IOWA 51579

PHONE: 712-647-2550 FAX: 712-647-2522 WOODBINEIA.COM

## **NEW/ADDITION PERMIT APPLICATION**

APPLICATION DATE:		APPLICATIO	ON FEE:	MINIMUM \$50.00 - MAXIMUM \$1,500.00	
(Fees shall be calculated fo	r new cons	truction by exterior measurement of th	ne 1st & 2nd floor area. For area from	o 0 to 2,000 square feet, the fee would be a minimum	
		rer is greater. For an area greater than 2 eet. The maximum fee is established at		0 square feet the fee would be \$500.00 plus \$0.10	
JOB ADDRESS:					
LEGAL DESCRIPTION: LOT		OT BLOCK	SUBDIV	SUBDIVISION	
OWNER:	NAME		PHC	DNE	
	ADDR	ESS			
	CITY		STATE	ZIP	
CONTRACTOR:	NAME		PHC	DNE	
	ADDR	ESS			
	CITY		STATE		
	LICENSE #			ZIP	
DESCRIBE WORK:				_	
CLASS OF WORK: (ATTACH PLAN/LAYOUT)		CHANGE OF USE: FROM		TO	
		TOTAL VALUE:	MATERIA	AL COST:	
NOTICE					
		DID IF WORK OR CONSTRUCTION AUTH DAYS AT ANY TIME AFTER WORK IS CON		IN 180 DAYS, OR WORK IS SUSPENDED OR	
ORDINANCES GOVERNING	THIS TYPE	OF WORK WILL BE COMPLIED WITH W	HETHER SPECIFIED HEREIN OR NOT.	D CORRECT. ALL PROVISIONS OF LAWS AND THE GRANTING OF A PERMIT DOES NOT PRESUME G CONSTRUCTION OR THE PERFORMANCE OF	
APPLICANT SIGNATURE:				DATE:	
CITY OFFICIAL SIGNATURE:				DATE:	
APPROVED:	F	REASON:			
PAID: (CASH O	R CHEC	CK) CHE	CK #	DATE:	

You can complete this form on your computer. If you use Outlook, clicking the button will open a new email window - simply attach this document and send it to Ikoch@woodbineia.com . Otherwise, please print the completed form and return it to the City of Woodbine office.