

**BUILDING INSPECTIONS DEPARTMENT**

City of Raymond  
101 1<sup>st</sup> St., PO Box 156  
Raymond, IA 50667  
319-232-6153  
319-233-0958 FAX

**BUILDING PERMIT APPLICATION**

PLEASE CALL BUILDING  
INSPECTOR (319-493-0428) BEFORE  
STARTING ANY WORK.

**Office Use Only**  
PERMIT No. \_\_\_\_\_

Date \_\_\_\_\_  
Site Address \_\_\_\_\_ Suite/Unit No. \_\_\_\_\_  
Tenant/Building Name \_\_\_\_\_ Condominium No. \_\_\_\_\_  
The applicant is  Owner  Contractor  Architect/Engineer

**PROPERTY OWNER**  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_

**CONTRACTOR**  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ License No. \_\_\_\_\_

**CLASS OF WORK**  
*Check one only*  
 New  Addition  Alteration/Remodel  Maintenance/Repair/Replace

**TYPE OF STRUCTURE**

<input type="checkbox"/> Single-Family Residential	<input type="checkbox"/> Recreational, Amusement
<input type="checkbox"/> Single-Family Connected to Single Family	<input type="checkbox"/> Other Non-Housekeeping Shelter
<input type="checkbox"/> Residential Garage	<input type="checkbox"/> Industrial Buildings
<input type="checkbox"/> Two-Family Residential	<input type="checkbox"/> Public Works & Utilities Building
<input type="checkbox"/> Three-Four Family Residential	<input type="checkbox"/> Public Schools
<input type="checkbox"/> Multiple-Family Residential	<input type="checkbox"/> Private Schools
<input type="checkbox"/> Offices, Banks, Professional	<input type="checkbox"/> Church & Religious Buildings
<input type="checkbox"/> Stores, Restaurants, Warehouse	<input type="checkbox"/> Hospitals & Institutional Buildings
<input type="checkbox"/> Hotels, Motels	<input type="checkbox"/> Other Non-Residential Building
<input type="checkbox"/> Parking Garage	<input type="checkbox"/> Fences, Signs, Antennas
<input type="checkbox"/> Service Stations & Repair Garage	<input type="checkbox"/> Other Non-Building Structures

Plot Plan (Attach additional information as needed)

General Work: \$ \_\_\_\_\_

Plumbing: \$ \_\_\_\_\_

Heating: \$ \_\_\_\_\_

Electrical: \$ \_\_\_\_\_

Miscellaneous: \$ \_\_\_\_\_

Total Valuation: \$ \_\_\_\_\_ (not including land)

Estimated Completion Date: \_\_\_\_\_

Description of work to be done: \_\_\_\_\_

**ADDITIONAL PERMITS FOR ELECTRICAL, PLUMBING,  
AND MECHANICAL ARE ALSO REQUIRED.**

I hereby apply for a building permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Raymond; that I understand this is not a permit but only an application for a permit and work is not to start without a permit application on file; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

**DO NOT WRITE BELOW THIS LINE**

No.	Construction Types	Occupancy Groups	Building Areas	Plan Review No. _____ No. of Stories _____ No. of Units _____ No. of Parking Spaces _____
1				
2				
3				

Setbacks: Front \_\_\_\_\_ Rear \_\_\_\_\_ Side 1/Garage \_\_\_\_\_ Side 2 \_\_\_\_\_

Sprinklers?  Yes  No

Conditions of Issuance: \_\_\_\_\_

**Approvals Required to Issue a Certificate of Occupancy**

Building

Plumbing

Electrical

HVAC

Fire

Valuation \$ \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_

Certificate of Occupancy  Yes  No

Plan Check Fee?  Yes  No

Handicap Fee?  Yes  No

Others Fees  Yes  No Please Specify: \_\_\_\_\_ Amount? \_\_\_\_\_

Permit Approved by: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_