City of Cumming

www.cumming.iowa.gov

TKAI	DE I	'EK	MII

Permit No.		
Fermit No.		
l		

PO Box 100, 649 N 44th ST. Cumming, IA 50061 | Ph: 515-981-9214 Fax: 515-981-4981 | deputyclerk@cumming.iowa.gov

Check all that apply					
TYPE OF PERMIT: ☐ Plun	mbing	□ Electric			
Call V&K at (515) 850-2980 to Schedule an inspection					
JOB ADDRESS		APPLICANT			
Street Number/Name: Owner/Tenant Name: Phone Number:	□ Contractor/Cor Name: Phone Number: Email Address: Postal Address:	mpany or			
	City /State/Zip:				
SIGNATURE OF OWNER/AGENT:	PTION OF WORK TO PERFO	DATE:			
PLUMBING \$75 HVAC \$75 ELECTRIC \$75 TOTAL	\$ Amount Paid: \$ Check # Initials: \$ Stamp	\$			
Submit application and fee to City	y Hall				
Special Notes: APPROVED BY: Building Offic	rial	DATE:			