## City of Cumming

## **BUILDING PERMIT**

Permit #
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□Other

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

TYPE OF PERMIT: □Building □Shed □Deck

ATTACH SITE PLAN, DRAWINGS, AND/OR BUILDING PLANS

□Pool

JOB SITE				BUILDING SQUARE FOOTAGE			
	d	OD SITE			Pool Size		
ADDRESS:					_		
NAME:			Lev	vel 2	_ Deck sqf		
DATE:			Fin	ished	_ Garage/She	d	
New Const. Addition Repair Demolition			Un	finished	Height		
Moving Structure Commercial Industrial			DE	ESCRIPTION OF PRO	JECT:		
C	One-Family Two	-Family Multi (No)					
Is pr	roperty is in a Flood Plain?	Yes No Min Elevation MPE	_Ft.				
Com	nplies with City PUD and Arc	chitectural Standards? Initial here: X					
Owner	Name	Email					
	Address Fax No.			PERMIT FEES			
	City	ty Telephone No.		Building Fee		\$	
			-	Гrade Fees		\$	
	State/Zip	Cell No	A	Approach Fee \$  System Development Fee \$			
Contractor	Name	Email	- 5				
	Address	Fax No.	5	Sewer Hookup Fee		\$	
			,	TOTAL PERMIT FEE		\$	
	City	Telephone No.			AL ACKNOWLEDGEN		
	State/Zip	Cell No.	<b>-</b>	permit, the regular fee shall be doubled.			
	N	To all	ս-	This permit shall expire if work days.			
Architect-Engineer	Name	Email		<ul> <li>ALL WORK MUST BE INSPECTED. It is the responsibility of the permitee to call for inspections. No work shall be concealed or covered until approved by the inspector.</li> </ul>			
	Address	Fax No.		<ul> <li>The permitee acknowledges they are proficient in the performance of the work covered by this permit.</li> </ul>			
	City	Telephone No.	_•	Fill out this application and retu			
	City	Tetephone No.	SI	GNATURE OF OWNER OR	RAGENT		
	State/Zip	Cell No.	X				
Sub-Contractors /	Company Name:	Phone:	5:			all Veenstra & Kimm at spection notice is needed	
		State Lic. #		Notified DMWW Notified Warren Co			
	Company Name:	Phone:				mount: \$	
		State Lic. #				*	
	Company Name:	Phone:	חומ	D. fr. Architectural Standard - 1	asked by (initial hara)		
		State Lic. #		D & Architectural Standards cho lding Official Approval: x		Date:	
			Dui	iding Official Apploval. X		Date.	