



**CITY OF CLIVE**  
 1900 NW 114<sup>th</sup> Street  
 Clive, IA 50325-7077  
 Phone (515) 223-6221  
 www.cityofclive.com

# BUILDING PERMIT APPLICATION

*All information must be provided, if applicable, and must be legible. The project will not be reviewed unless all required information and documents are submitted.*

|                  |
|------------------|
| APPLICATION DATE |
|------------------|

| <b>PROJECT INFORMATION</b> |  |
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|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------|-------|------------------------------------------------------------------------------------------------------------------|---------|-------|--|--------------|-------|--|------|-------|--|--------|-------|-------------------------|----------|-------|--|------------|-------|--------------|-------|--|
| PROJECT ADDRESS / SUITE NO. (if applicable)                                                                      | GENERAL PERMIT #2 AUTHORIZATION # (new construction only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         |         |       |                                                                                                                  |         |       |  |              |       |  |      |       |  |        |       |                         |          |       |  |            |       |              |       |  |
| HOMEOWNER OR BUSINESS NAME                                                                                       | PROJECT DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |         |       |                                                                                                                  |         |       |  |              |       |  |      |       |  |        |       |                         |          |       |  |            |       |              |       |  |
| HOMEOWNER PHONE                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |         |       |                                                                                                                  |         |       |  |              |       |  |      |       |  |        |       |                         |          |       |  |            |       |              |       |  |
| HOMEOWNER E-MAIL                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |         |       |                                                                                                                  |         |       |  |              |       |  |      |       |  |        |       |                         |          |       |  |            |       |              |       |  |
| BUSINESS CONTACT NAME (for project, not contractor info - see below)                                             | PROJECT VALUATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |         |       |                                                                                                                  |         |       |  |              |       |  |      |       |  |        |       |                         |          |       |  |            |       |              |       |  |
| BUSINESS CONTACT PHONE                                                                                           | WILL CHANGES TO THE ALARM SYSTEM BE MADE? (commercial only)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |         |       |                                                                                                                  |         |       |  |              |       |  |      |       |  |        |       |                         |          |       |  |            |       |              |       |  |
| BUSINESS CONTACT E-MAIL                                                                                          | WILL CHANGES TO THE SPRINKLER SYSTEM BE MADE?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         |         |       |                                                                                                                  |         |       |  |              |       |  |      |       |  |        |       |                         |          |       |  |            |       |              |       |  |
| <b>CONTRACTOR INFORMATION</b>                                                                                    | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>BUILDING SQ. FT.</b></td> <td style="width: 40%;">Level 1</td> <td style="width: 10%; text-align: right;">_____</td> </tr> <tr> <td><i>For additions or remodels, please provide the square footages for only the area being added or remodeled.</i></td> <td>Level 2</td> <td style="text-align: right;">_____</td> </tr> <tr> <td></td> <td>Covered Deck</td> <td style="text-align: right;">_____</td> </tr> <tr> <td></td> <td>Deck</td> <td style="text-align: right;">_____</td> </tr> <tr> <td></td> <td>Garage</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><b>BASEMENT SQ. FT.</b></td> <td>Finished</td> <td style="text-align: right;">_____</td> </tr> <tr> <td></td> <td>Unfinished</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><b>OTHER</b></td> <td colspan="2" style="text-align: right;">_____</td> </tr> </table> | <b>BUILDING SQ. FT.</b> | Level 1 | _____ | <i>For additions or remodels, please provide the square footages for only the area being added or remodeled.</i> | Level 2 | _____ |  | Covered Deck | _____ |  | Deck | _____ |  | Garage | _____ | <b>BASEMENT SQ. FT.</b> | Finished | _____ |  | Unfinished | _____ | <b>OTHER</b> | _____ |  |
| <b>BUILDING SQ. FT.</b>                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Level 1                 | _____   |       |                                                                                                                  |         |       |  |              |       |  |      |       |  |        |       |                         |          |       |  |            |       |              |       |  |
| <i>For additions or remodels, please provide the square footages for only the area being added or remodeled.</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Level 2                 | _____   |       |                                                                                                                  |         |       |  |              |       |  |      |       |  |        |       |                         |          |       |  |            |       |              |       |  |
|                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Covered Deck            | _____   |       |                                                                                                                  |         |       |  |              |       |  |      |       |  |        |       |                         |          |       |  |            |       |              |       |  |
|                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Deck                    | _____   |       |                                                                                                                  |         |       |  |              |       |  |      |       |  |        |       |                         |          |       |  |            |       |              |       |  |
|                                                                                                                  | Garage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____                   |         |       |                                                                                                                  |         |       |  |              |       |  |      |       |  |        |       |                         |          |       |  |            |       |              |       |  |
| <b>BASEMENT SQ. FT.</b>                                                                                          | Finished                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____                   |         |       |                                                                                                                  |         |       |  |              |       |  |      |       |  |        |       |                         |          |       |  |            |       |              |       |  |
|                                                                                                                  | Unfinished                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _____                   |         |       |                                                                                                                  |         |       |  |              |       |  |      |       |  |        |       |                         |          |       |  |            |       |              |       |  |
| <b>OTHER</b>                                                                                                     | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |         |       |                                                                                                                  |         |       |  |              |       |  |      |       |  |        |       |                         |          |       |  |            |       |              |       |  |
| COMPANY NAME                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |         |       |                                                                                                                  |         |       |  |              |       |  |      |       |  |        |       |                         |          |       |  |            |       |              |       |  |
| ADDRESS                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |         |       |                                                                                                                  |         |       |  |              |       |  |      |       |  |        |       |                         |          |       |  |            |       |              |       |  |
| CITY, STATE, ZIP                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |         |       |                                                                                                                  |         |       |  |              |       |  |      |       |  |        |       |                         |          |       |  |            |       |              |       |  |
| PHONE                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |         |       |                                                                                                                  |         |       |  |              |       |  |      |       |  |        |       |                         |          |       |  |            |       |              |       |  |

**LICENSE INFORMATION - Please note that as of January 1, 2020, individual trade permits are no longer needed for projects with a building permit issued by the City of Clive. Additionally, ensure the contractor's license is provided, NOT the individual license #.**

|                                |                          |                      |
|--------------------------------|--------------------------|----------------------|
| PROJECT CONTACT                | PLUMBING CONTRACTOR NAME |                      |
| PROJECT CONTACT PHONE          | ADDRESS                  |                      |
| PROJECT CONTACT E-MAIL ADDRESS | PHONE #                  | CONTRACTOR LICENSE # |

\*I agree to comply with all city ordinances and state laws regulating building construction. \*I acknowledge that I have read this application and attest that the information supplied is correct. \*I understand that this permit will be null and void if authorized work has not started within 90 days or if work is suspended for 60 days. A Request for Building Permit Extension must be submitted a minimum of one week prior to the expiration date.

\_\_\_\_\_

Please print Owner or Authorized Agent's Name

\_\_\_\_\_

Signature of Owner or Authorized Agent

|                            |                      |  |
|----------------------------|----------------------|--|
| MECHANICAL CONTRACTOR NAME |                      |  |
| ADDRESS                    |                      |  |
| PHONE #                    | CONTRACTOR LICENSE # |  |
| ELECTRICAL CONTRACTOR NAME |                      |  |
| ADDRESS                    |                      |  |
| PHONE #                    | CONTRACTOR LICENSE # |  |



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## BUILDER'S ACKNOWLEDGEMENT

Address \_\_\_\_\_

***Initial beside each item once you have read and understood the provisions set forth.***

I UNDERSTAND:

- \_\_\_\_\_ That a pre-construction meeting is required for new construction **BEFORE** any excavation occurs. Furthermore, all erosion control and concrete washout must be in place prior to the inspection.
- \_\_\_\_\_ And agree to comply with the City of Clive Code of Ordinances and State law regulating building construction.
- \_\_\_\_\_ That it is the owner's responsibility to determine if covenants apply and to adhere to any requirements that are more restrictive than those of the city.
- \_\_\_\_\_ That the issuance of a permit based on plans, specifications and other data supplied by the applicant shall not prevent the Construction Services Administrator from thereafter requiring the correction of errors in said plans, specifications and other data, or from preventing construction from being carried on thereafter when in violation of any ordinance of the City of Clive.
- \_\_\_\_\_ The issuance of a permit is based on specifically approved plans and that any deviations from the plans must be submitted for approval by the Community Development Department before such deviation is implemented. Furthermore, I understand that if a deviation is made without prior approval, a Stop Work Order may be issued until corrective action has commenced.
- \_\_\_\_\_ That electrical, plumbing, heating, air conditioning and boiler work shall be completed by State of Iowa licensed installers.
- \_\_\_\_\_ That it shall be the duty of the person doing the work authorized by a permit to notify the Community Development Department that such work is ready for inspection. Request for inspections shall be made at least 24 hours in advance.
- \_\_\_\_\_ That it shall be the duty of the person requesting any inspection to ensure safe and proper access to and means of performing said inspection.
- \_\_\_\_\_ That on-site storm water management is the sole responsibility of the applicant/property owner. Proper storm water best management practices will be employed and maintained throughout the construction process.
- \_\_\_\_\_ That it is the responsibility of the builder to return grading elevations to pre-construction levels if an overland flowage easement or drainage basin exists on or around this property. An as-built drawing shall be required prior to a final occupancy inspection.
- \_\_\_\_\_ That the Community Development Department will not conduct a final inspection or issue a Certificate of Occupancy until such time as all site improvements have been completed (raising manholes/structures to grade, installation of required landscaping/trees and installation of sod).
- \_\_\_\_\_ That it is illegal to occupy any space covered by this permit until a final inspection has been conducted and a Certificate of Occupancy has been issued. If occupancy occurs without a final inspection, the contractor and/or owner will be required to retain the services of an approved home inspector that is qualified and/or licensed to provide a final inspection and provide documentation to the City of Clive.
- \_\_\_\_\_ That a Stop Work Order will be issued if requested corrective action has not commenced in the specified time outlined by the Community Development Department. Furthermore, I understand that if a Stop Work Order is issued all work on the site will terminate until the requested corrective action has been completed and approved by the Community Development Department.
- \_\_\_\_\_ That failure to comply with these mandates may result in fines as set forth in Title 1, Chapter 4, Schedule of Civil Penalties, City of Clive Code of Ordinances. Each day that a municipal infraction occurs and/or is permitted to exist shall constitute a separate offense.