



Community Development Department

1700 North 4th Avenue West, Newton, IA, 50208

Phone (641) 792-6622

FAX (641) 792-0670

www.NewtonGov.org

LOCATION ADDRESS:	
LEGAL DESCRIPTION:	
OWNER'S NAME:	PHONE NO:
CONTRACTOR'S NAME:	PHONE NO:
PROJECT DESCRIPTION:	

<input type="checkbox"/> NEW	<input type="checkbox"/> ADDITION	<input type="checkbox"/> REMODEL	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MOVE	<input type="checkbox"/> DEM	VALUATION \$
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> ACCESSORY BLDG	OTHER _____		

BUILDING DIVISION	BUILDING SIZE: SQ. FT.	"SEALED" PLANS REQUIRED: YES NO	PLOT PLAN REQUIRED: YES NO
NO. OF STORIES:	USE OF BUILDING:	NO. OF UNITS:	FIRE DEPARTMENT REVIEW REQUIRED: YES NO
CONSTRUCTION TYPE:	OCCUPANCY GROUP:	DIVISION:	SPRINKLERS REQUIRED: YES NO
BUILDING DIVISION COMMENTS:			SIGNED: _____ DATE: _____

FIRE DEPARTMENT	FIRE DEPARTMENT COMMENTS:
SIGNED: _____ DATE: _____	

ZONING DIVISION	ZONING DISTRICT:	CORNER LOT:	SITE PLAN REVIEW REQUIRED:
ARE NEW SIDEWALKS REQUIRED: YES NO	PLAT:	PLAT SET BACK:	
SETBACKS: REQUIRED:	FRONT YARD:	SIDE YARD:	REAR YARD:
PROPOSED:	FRONT YARD:	SIDE YARD:	REAR YARD:
LOT SIZE: SQ.FT.	% COVERAGE ACTUAL	SQ.FT.	% COVERAGE ALLOWED: SQ.FT.
PARKING SPACES REQUIRED: YES NO	IF SO, HOW MANY?	<40% REAR YARD COVERAGE	
ZONING COMMENTS:			SIGNED: _____ DATE: _____

ENGINEERING DIVISION	IS CURB CUT PERMIT REQUIRED: YES NO	SEWER CONNECTION FEE? YES NO	AMOUNT: \$
WILL ANY IMPROVEMENTS BE COMPLETED IN STREET RIGHT-OF-WAY, I.E. DRIVEWAYS, WALKS, UTILITIES?			
ENGINEERING COMMENTS:			
CALL BEFORE YOU DIG - IOWA ONE CALL 1-800-292-8989			SIGNED: _____ DATE: _____

NOTICE: Separate permits are required for electrical, plumbing and right-of-way work. This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

APPLICANT: _____ **DATE:** _____

ONCE APPROVED THIS IS YOUR PERMIT			
PERMIT FEE \$	VALIDATION	DATE	PERMIT NUMBER

BUILDING INSPECTION APPROVALS:		ELECTRICAL PERMIT NO.		PLUMBING PERMIT NO.	
ITEM	INSP/DATE	ITEM	INSP/DATE	ITEM	INSP/DATE
Site		Bldg. Sewer		Electric Service	
Footing		Plumbing Groundwork		Final Electric	
Foundation		Rough Plumbing		Final Plumbing	
Rough Framing		Rough Electric		Final Framing	

Please print off, fill out and mail to above address.