

STAFF USE ONLY
Date Received: _____
Received by: _____
Permit #: _____
Paid: \$35 Yes / No

BUILDING PERMIT APPLICATION

Job Site Address _____ **Lot # & Subdivision** _____

Applicant _____ **Address** _____

Phone _____ **Email** _____ **City/St/Zip** _____

Owner _____ **Address** _____

Phone _____ **Email** _____ **City/St/Zip** _____

General Contractor _____ **Address** _____

Contractor License Number _____

Phone _____ **Email** _____ **City/St/Zip** _____

Subcontractors

Plumber _____ **Phone** _____ **Email** _____

Contractor License Number _____

Mechanical _____ **Phone** _____ **Email** _____

Contractor License Number _____

Electrician _____ **Phone** _____ **Email** _____

Contractor License Number _____

Sewer/Water Contractor _____ **Phone** _____ **Email** _____

Well on Site Is there a well on the premises? ____ Yes ____ No

Is the well capped? ____ Yes ____ No

Will it be used for drinking water? ____ Yes ____ No

Type of Construction (check one box) New Accessory Building Addition Remodel / Replace

Project Description (include dimensions) _____

Building Project Estimated Valuation: \$ _____ (Building Official will set valuation for permit fee)

Verification of Application

I declare that the information provided in this application is true, correct, and complete to the best of my knowledge.

NAME (print) _____

SIGNATURE: _____

DATE: _____

Zoning Information:

Occupancy Classification and Use: _____

Setback... Front: _____ Sides _____ Rear _____ Is site on a corner lot? Yes No

Structure Height: _____ # of Story/ies _____ Lot Area _____ Lot Dimension: _____

Proposed Off Street Parking Spaces: _____

Application Approval Information

Approved: Upon examination, we find that this application follows the building and zoning regulations of the City of Kalona, Iowa.

SIGNED: _____

DATE: _____

Zoning Administrator

SIGNED: _____

DATE: _____

Building Official

Not Approved: Upon examination, we find that this application is not in compliance with the building and zoning regulation of the City of Kalona, Iowa.

SIGNED: _____

DATE: _____

Zoning Administrator

SIGNED: _____

DATE: _____

Building Official

Compliance deficiency as noted: _____

Valuation basis for permit fee shall be determined by the building official.

The building official may reference valuation data as published annually by the International Code Council. For the year 2019, single-family dwelling of typical non-rated design will be based on total **square foot floor area as follows:**

Finished area (includes heated sun porches, etc.)	\$94.00 per square foot
Unfinished area (no non-bearing walls or wallboard)	\$25.00 per square foot
Finishing previously unfinished areas	\$69.00 per square foot
Garage area	\$35.00 per square foot
Open deck area (no roof)	\$15.00 per square foot
Open carport or screened porch area (with roof)	\$25.00 per square foot
Enclosed porch area	\$25.00 per square foot

Drawings should have unfinished areas marked, finishing unfinished areas will require a separate permit.

CONSTRUCTION COST	BUILDING PERMIT FEE
\$1.00 - \$2,000.00	\$35.00
\$2,001.00 - \$25,000.00	\$35.00 for the first \$2000 plus \$10.50 for each additional \$1,000 or fraction thereof, to and including \$25,000
\$25,000.01 - \$50,000.00	\$276.50 for the first \$25,000 plus \$7.75 for each additional \$1,000 or fraction thereof, to and including \$50,000
\$50,000.01 - \$100,000.00	\$465.75 for the first \$50,000 plus \$5.25 for each additional \$1,000 or fraction thereof, to and including \$100,000
\$100,000.01 - \$500,000.00	\$728.25 for the first \$100,000 plus \$4.20 for each additional \$1,000 or fraction thereof, to and including \$500,000
\$500,000.01 - \$1,000,000.00	\$2408.25 for the first \$500,000 plus \$3.56 for each additional \$1,000 or fraction thereof, to and including \$1,000,000
\$1,000,000.01 and up	\$4,188.25 for the first \$1,000,000 plus \$2.74 for each additional \$1,000 or fraction thereof

Other Inspections and Fees

- | | |
|--|------------------|
| 1. Inspections outside of normal business hours – in addition to normal fee | \$35.00 per hour |
| 2. Re-inspection fees accessed under provisions of Section 108 | \$35.00 per hour |
| 3. Inspections for which no fee is specifically indicated | \$35.00 per hour |
| 4. Additional plan review required by changes, additions or revisions to plans
(minimum charge = one half hour) | \$35.00 per hour |
| 5. Use of outside consultants for plan checking and inspections for both
(minimum charge = one half hour) | Actual Costs * |
- *Actual costs include administrative and overhead costs

Water Meter Fee \$275.00 per living unit

Water Tap On Fee \$100.00

Multiple Unit Fee \$100.00 + \$40.00 per living unit

Sewer Tap On Fee \$100.00

Lagoon Fee \$150.00