



City of Sergeant Bluff
 401 4th St, PO Box 703
 Sergeant Bluff, IA 51054
 712-943-4244/Fax 712-943-2106
 Inspection Services 712-899-4882



ELECTRICAL/MECHANICAL/PLUMBING PERMIT APPLICATION

THIS PERMIT WILL BE ISSUED CONTINGENT UPON THE APPROVAL OF SPECIFICATIONS AS REQUIRED WITH ALL PERTINENT SECTIONS OF THE SERGEANT BLUFF MUNICIPAL OR ZONING CODES PERTAINING TO THE PROJECT REQUESTED ON THIS APPLICATION FORM. A COMPLETE APPLICATION FORM IS REQUIRED FOR APPROVAL AND CONSISTS OF 1) THE APPLICATION FORM FILLED OUT COMPLETELY; 2) FULL PAYMENT OF ASSOCIATED FEES PRIOR TO RECEIVING PERMIT; 3) ADEQUATE DRAWING (SITE PLAN) TO INCLUDE SCALE USED FOR PROJECT. ALL APPLICABLE INSPECTIONS WILL FOLLOW ON THE PERMIT FORM. TO CLOSE OUT THE BUILDING PERMIT A FINAL INSPECTION SHALL BE CONDUCTED.

ELECTRICAL _____ MECHANICAL _____ PLUMBING _____

Job Address: _____ Unit: _____

Applicant: _____

Applicant Address: _____

Applicant Phone Number: _____ Cell Number: _____

Email address: _____

Are you the Contractor: Yes No Are you the property Owner: Yes No

Property Owner Name: _____

Property Owner Address: _____

Property Owner Phone Number: _____ Cell Number: _____

Contractor Name: _____

Contractor Phone #: _____ Cell#: _____ Email: _____

Contractor Address: _____

****If not the property owner, you must be registered with the State of Iowa as a Contractor****

Contractor Name: _____ Contractor Iowa Registration No. _____

TYPE OF WORK

Addition _____ Alteration _____ Repair _____ Move _____ Remove _____ Other _____

Description of work: _____

Valuation of work: _____

I hereby apply for a building permit as described herein and as drawn on all attached drawings submitted with this application. I further state that the said project will be in accordance with this application and in compliance with the Sergeant Bluff, Iowa Municipal Chapter 136 and Zoning Code as applicable for this permit application.

Signature of Applicant: _____ Date: _____

Signature of Owner: _____ Date: _____

Building Permit Application: Approved _____ Denied _____ Signature of Inspection Services Department _____ Date: _____ Permit No. _____ Issuance Date: _____ Fee Amount \$ _____
--