

**City of Sergeant Bluff Application For:  
(check one)**

401 4<sup>TH</sup> STREET, PO BOX 703, SERGEANT  
BLUFF, IA 51054  
City Hall 712-943-4244/Fax 712-943-2106  
Inspections 712-943-9617

**ELECTRICAL PERMIT**     **MECHANICAL PERMIT**     **PLUMBING PERMIT**

For projects not in conjunction with a building permit –

A PERMIT MUST BE APPROVED, SIGNED, AND PAID FOR PRIOR TO COMMENCEMENT OF WORK.

Job Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Contractor: \_\_\_\_\_ Contractor Iowa Registration No. \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Description of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Work:  Addition  Alteration  Repair  Move  Remove  Other \_\_\_\_\_

Valuation of Work: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**Application Approved for**  **ELECTRICAL PERMIT**     **MECHANICAL PERMIT**     **PLUMBING PERMIT**

Total Fee: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Permit Number:** \_\_\_\_\_

The applicant named hereon is hereby authorized to perform the work outlined on this permit on the express condition that all work shall be done in full accordance with all applicable laws and ordinances.

IT IS THE RESPONSIBILITY OF THE APPLICANT TO CALL FOR INSPECTIONS. ALL WORK MUST BE INSPECTED.

