CITY OF INDIANOLA
APPLICATION FOR BUILDING PERMIT

Number
Date

IMPORTANT - *Complete ALL items. Mark boxes where applicable*

Name of Applicant _____   Job Address _____

Valuation: Lot $ _____   Buildings $ _____   Zone _____   Size of Lot _____

Legal Description _____

II. TYPE AND COST OF BUILDING - *All applicants complete Parts A - D*

A. TYPE OF IMPROVEMENT

1 ☐ New Building
2 ☐ Addition *(If residential, enter number of new housing units added, if any, in Part D, 13)*
3 ☐ Alteration
4 ☐ Repair, Replacement
5 ☐ Demolition *(If multi-family residential enter number of units in building in Part D, 13)*
6 ☐ Moving (Relocation)
7 ☐ Foundation Only

B. OWNERSHIP

8 ☐ Private (individual, corporation, nonprofit institution, etc.)
9 ☐ Public *(Federal, State or local government)*

D. PROPOSED USE - *For "Demolition" most recent use*

Residential

12 ☐ One Family
13 ☐ Two or More Family - *Enter number of units* _____
14 ☐ Transient Hotel, Motel, or Dormitory *Enter number of units* _____
15 ☐ Garage
16 ☐ Carport
17 ☐ Deck
18 ☐ Pool
19 ☐ Other *(Specify)* _____
_____
_____

Nonresidential

20 ☐ Amusement, Recreational
21 ☐ Church, Other Religious
22 ☐ Industrial
23 ☐ Parking Garage
24 ☐ Service Station, Repair Garage
25 ☐ Hospital, Institutional
26 ☐ Office, Bank, Professional
27 ☐ Public Utility
28 ☐ School, Library, Other Educational
29 ☐ Stores, Mercantile
30 ☐ Tanks, Lowers
31 ☐ Drinking/Dining Establishment
32 ☐ Other *(Specify)* _____
_____

C. VALUATION

10 Value of Improvement .... $ _____

To be installed but not included in the above cost

a. Electrical .... _____
b. Plumbing .... _____
c. Heating, air conditioning .... _____
d. Other (elevator, etc.) .... _____

TOTAL VALUE OF IMPROVEMENT $ _____

Describe in detail proposed use of buildings, e.g. residential, multi family, food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed enter proposed use.

_____
_____
_____

☐ Soil erosion prevention required _____ Initial

III. SELECTED CHARACTERISTICS OF BUILDING - *For new buildings and additions, complete Parts E-L: For demolition, complete only Part J, for all others, skip to IV.*

E. PRINCIPAL TYPE OF FRAME

33 ☐ Masonry (wall bearing)
34 ☐ Wood Frame
35 ☐ Structural Steel
36 ☐ Reinforced Concrete
37 ☐ Other - *Specify* _____
_____

F. PRINCIPAL TYPE HEATING FUEL

38 ☐ Gas
39 ☐ Oil
40 ☐ Electricity
41 ☐ Coal
42 ☐ Geothermal
43 ☐ Other - *Specify* _____
_____

G. TYPE OF SEWAGE DISPOSAL

44 ☐ Public or Private Company
45 ☐ Individual (septic tank, etc.)

H. TYPE OF WATER SUPPLY

46 ☐ Public or Private Company
47 ☐ Individual (well, cistern)

J. DIMENSIONS

48 Number of stories .... _____
49 Total square feet of floor area, all floors, based on exterior dimensions .... _____
50 Total land area, sq. ft. .... _____

K. NUMBER OF OFF-STREET PARKING SPACES

51 Enclosed .... _____
52 Outdoors .... _____

L. RESIDENTIAL BUILDINGS ONLY

53 Number of bedrooms .... _____
54 Number of bathrooms
     Full .... _____
     Partial .... _____

IV. IDENTIFICATION - *To be completed by all applicants*

	Name	Mailing Address - Number, Street, City, State and Zip	Cell Phone	Business/Home Phone
1. Owner				
2. Contractor State Reg. #				
3. Architect State Reg. #				

The owner of this building and the undersigned agree to conform to all laws of the City of Indianola

Signature of Applicant	Fire Chief if Required

DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE

Building Official	Permit Fee	Receipt Number	Date Permit Issued	Permit Number