

CITY OF WEST LIBERTY

409 N. Calhoun Street – West Liberty, IA 52776

Phone: (319) 627-2418 Fax: (319) 627-4847

BUILDING APPLICATION AND PERMIT

• Site Address: _____
OR
Lot & Subdivision: _____

• Owner/Tenant: _____
Address: _____
City: _____ State _____ Zip _____
Daytime Phone: _____ Other Phone: _____

• Contractor: _____
Address: _____
City: _____ State _____ Zip _____
Daytime Phone: _____ Other Phone: _____

• Project Description: _____

• Total Value of Project: \$ _____
(Exclude cost of lot and plumbing/electrical/mechanical costs)

Contact Person: _____ Phone: _____

• Architect or engineer of record (if required) _____
**See attached permit fee schedule*

Total _____

Permit No. _____

Signature of Applicant _____ *Date* _____

Date _____

TO BE COMPLETED BY CITY STAFF Application received by: _____

Site Zone: _____ Area: _____ s. f.

Fees/Escrows Required: _____

Conditional Zoning Requirements: _____

Specific Subdivision Requirements (sidewalks, easements, drainage, etc.): _____

Other Requirements: _____

FOR OFFICE USE ONLY

BUILDING PERMIT FEE SCHEDULE

<u>Activity/Permit</u>	<u>Value of Improvement</u>	<u>Fee</u>
Building Permit	\$1 – 1,500	\$ 25.00
<i>(residential only-</i>	\$1,501 – 5,000	50.00+
<i>commercial to be</i>	\$5,001 – 25,000	125.00+
<i>1.5 times these</i>	\$25,001 – 50,000	150.00+
<i>amounts)</i>	\$50,001 – 75,000	175.00+
	\$75,001 – 100,000	200.00+
	\$100,001 – 125,000	225.00+
	\$125,001 – 150,000	250.00+
	\$150,001 – 175,000 +	275.00+

(* Add an additional \$25.00 per every \$25,000 of valuation thereafter)

+ Add Plan Review Fee = 50% of permit fee

* Add \$120.00 for inspection fees to be collected prior to issuance of permit (new construction fee total); \$30.00 per inspection for other construction

Calculation: (City Hall Building Staff)

Permit Fee: \$ _____

Plan Review Fee: \$ _____

Inspection Fee: \$ _____

Total: \$ _____