



City of Newell
 Zoning Commission
 207 E. 2nd Street
 Box 315
 Newell, Iowa 50568
 P: (712) 272-4410
 F: (712) 272-4537
 E: newellch@ncn.com

BUILDING PERMIT APPLICATION

Group Code No. _____

APP Date: _____

Project Address: _____ Email: _____

Permit Applicant Name: _____ Phone: _____

Mailing Address: _____ City _____ State _____ Zip _____

Property/Building Owner Name: _____ Phone: _____

Mailing Address: _____ City _____ State _____ Zip _____

Tenant Name: _____ Space Number _____

Property Legal Description or Parcel Number: _____

Residential Project Commercial Project Other Type of Project

Project Description: _____
 (Example: New building, Addition, Deck, Sidewalk, etc.) (Please attach blueprints, drawings, etc.)

| | | | | | | | | |
|--------------------------|------------------------------|-----------------------------|-------------------------------|------------------------------|-----------------------------|----------------------------|------------------------------|------------------------------|
| Property in Flood Plain? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Ltd. Service Agrmt. Required? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | City Sidewalks Required? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Site Plan Provided? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | City Water Required? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | City Sewer Required? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Septic System Required? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Well Required? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Percolation Test Provided? | NA <input type="checkbox"/> | Yes <input type="checkbox"/> |

Note: All installation of new electrical, mechanical, plumbing work must be performed by properly licensed companies and persons. If known at the time of Building Permit application, provide names of licensed city companies or persons who will be installing new electrical, mechanical, and/or plumbing work on this project:

(Circle one)
 Electrical Work? Yes No Elect. Contractor Name: _____

Mech./HVAC Work? Yes No Mech./HVAC Contractor Name: _____

Plumbing Work? Yes No Plumb. Contractor Name: _____

*****Determination of approval will be 7-10days from receipt and payment of application completion*****

Project Estimated Cost \$ _____

Application fee costs = \$2 per \$1000valuation (minimum of \$5 with a \$500 maximum)

Base Permit Fee \$ _____

(circle one below)

Payment Type: Check Cash Credit Card

I acknowledge that I have read this application, including the Notices Regarding Permits & Inspections, Liability for Damages, and Accessibility sections listed below, and I agree to comply with all City Ordinances, State and Federal Laws regulating building construction. I also further acknowledge my responsibility for this project until final approval by the City.

Applicant's Signature _____ **Date** _____

NOTICE REGARDING PERMITS AND INSPECTIONS *This issuance of a permit based on plans, specifications and other data shall not prevent the building official from thereafter requiring the correction of errors in said plans, specifications and other data, or from preventing building operations being carried on in violation of this code or any other ordinances of the City. It shall be the duty of the person doing the work authorized by a permit to notify the building official that such work is ready for inspection. It shall be the duty of the person requesting any inspections required by this code to provide access to and means for inspection of such work.

NOTICE REGARDING LIABILITY FOR DAMAGES *This code (any code adopted by the City of Newell) is enacted only for the purpose of securing to individuals the enjoyment of rights and privileges to which they are entitled as members of the public, rather than for the purpose of protecting any individual from harm. The City, its officers, employees or agents make no representations or warranties of any kind whatsoever, express or implied, with respect to the completeness or thoroughness of the inspections and examinations performed under this Code but said inspections are made solely to assist the owner of any building, structure, equipment and premises to meet certain minimum requirements of this Code, and to compel, if necessary, the owner to meet the minimum requirements for protection of the health, welfare and safety of persons and property. Nothing herein contained in this Code shall alleviate the owner of any building, structure, equipment and premises to make an independent inspection in order to fulfill the requirements of this Code nor shall this Code be construed to relieve or lessen the responsibility of any person owning, operating or controlling any building, structure, equipment or premises regulated herein from any damages of any person or property caused by defects or code violation. The City, its officers, employees or agents shall not be held as assuming any liability for damages to any person or property by reason of any inspections authorized by this Code or investigations, or any approvals issued herein, or for any act or failure to act in the enforcement of this Code.

NOTICE REGARDING ACCESSIBILITY *Owner's and operators, or their assigned agents, of buildings and facilities subject to the provisions of ADA and ADAAG are responsible for compliance with any applicable requirements contained within those documents. Plan review and inspection does not reduce or alleviate the owner's responsibility to independently meet said provisions.

Zoning Certificate Approved By: _____ **Date:** _____

Building Permit Approved By: _____ **Date:** _____

| | | |
|--|------------|--------------|
| OFFICE USE ONLY | | (Circle One) |
| BOA (Board of Adjustments) Review Required? | Yes | No |
| Planning & Zoning/City Council Approval Required? | Yes | No |
| BOA/ Minor Modification Required? | Yes | No |