TRADE PERMIT APPLICATION

CITY OF PLEASANTVILLE

108 W Jackson Street, Pleasantville, IA 50225

Job Address:			PERMIT #
Legal Description:			Zoning:
Use of Building:			
Description of Work:			
Occupant Name:	Email Address:		Phone:
Owner Name:	Email Address:		Phone:
Contractor Name:	Email Address:		Phone:
Contractor State License Number:	MASTER LICENSE #: (if applicable)		
Architect or Designer:	Email Address:		Phone:
Engineer:	Email Address:		Phone:
NOTE: Permit f	fees are applicable to both new construction and	remodel projects.	
	□ Temporary Electric Service\$75.00		
	□ Electric - All Other	\$75.00	
	□ Plumbing	\$75.00	
	□ Mechanical	\$75.00	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TOTAL:
			
By signing belo	ow, the applicant understands and agrees to the f	following:	
	T BE INSPECTED! No work is to be concealed or o		the inspector. Work that is not inspected is
considered unap	pproved. The permit applicant is responsible for c hedule any inspection.		
	n-transferable. This permit will expire one year for event that a permit expires, a new permit must be doubled .		
	performed by a State of lowa licensed contracted directed to Safe Building at 515.333.4161.	tor. Contractor is presume	ed knowledgeable of the applicable Code.
Signature of Applican	t:	Date:	
Please Print Name:			
When signed be	low and dated, this becomes your approved permit.		
APPROVED:		Date:	



PLEASE NOTE: