

**City of Le Center**  
**BUILDING PERMIT APPLICATION**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Permit # \_\_\_\_\_

-----**APPLICANT COMPLETE INFORMATION BELOW**-----

Project Address: \_\_\_\_\_ PID # \_\_\_\_\_  
Property Owner: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
General Contractor: \_\_\_\_\_ License #: \_\_\_\_\_ Phone: \_\_\_\_\_  
Plumbing Contractor: \_\_\_\_\_ License #: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mechanical Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Nature of Project:** Dwelling \_\_\_ Private Garage \_\_\_ Deck \_\_\_ Home Addition \_\_\_  
Finish Basement \_\_\_ Three Season Porch \_\_\_ Business/Commercial \_\_\_ Fireplace \_\_\_  
Siding \_\_\_ Furnace \_\_\_ Water Heater \_\_\_ Other \_\_\_\_\_  
Description of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Value: \_\_\_\_\_ Lot Size/Dimensions: \_\_\_\_\_

This permit becomes null and void if work or construction authorized is not completed within 180 days (project value under \$100,00) or 270 days (project value over \$100,000), or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Name [please print]: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----**CITY USE ONLY**-----

Use and occupancy: \_\_\_\_\_ Type of Construction: \_\_\_\_\_

**PLANNING:** Zoning District: \_\_\_\_\_ Minimum Setbacks Required: Front \_\_\_\_\_  
Side \_\_\_\_\_ Rear \_\_\_\_\_ Road Right of Way \_\_\_\_\_ Other: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Subject to the following conditions: \_\_\_\_\_  
\_\_\_\_\_

**BUILDING:** Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Subject to the following conditions: \_\_\_\_\_  
\_\_\_\_\_

-----**FEES**-----

Building Permit: _____	Plan Review: _____	State Surcharge: _____
Plumbing Permit: _____	Plan Review: _____	State Surcharge: _____
Mechanical Permit: _____	Plan Review: _____	State Surcharge: _____
Other: _____		
<b>Sub Totals:</b> _____	_____	_____

**TOTAL DUE:** \_\_\_\_\_

Date Issued: \_\_\_\_\_ Issued By: \_\_\_\_\_ Receipt # \_\_\_\_\_