BUILDING RESIDENTIAL PERMIT APPLICATION

Cedar Rapids Building Services Department
500 15th Ave SW, Cedar Rapids, IA 52404
Phone: (319) 286-5939
Fax: (319) 286-5830
Email: ResidentialPermit@cedar-rapids.org

****DO NOT USE FOR NEW SINGLE FAMILY OR MULTI-FAMILY CONSTRUCTION ****

Project Address: _____

Property Owner: _____

Valuation for work (including labor and material) .....$ _____

Permit Fee – Valuation (see Schedule of Permit Fee) .....$ _____

To be determined by the Permit Technician

DETAILED DESCRIPTION OF WORK:

APPLICANT INFORMATION: ☐ Property Owner ☐ Contractor

APPLICANT: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

ELECTRICAL: _____

MECHANICAL: _____

PLUMBING: _____

VERIFIED (*Office Only*) ☐ YES ☐ NO

Applicant hereby certifies under penalty of perjury that he/she is the owner; or that he/she is authorized and empowered to make this application on behalf of the owner. Applicant also certifies under penalty of perjury that the application and any related plat, plans, and specifications are true and contain a correct description of the proposed work, lot, structure, and use to which structure is to be placed. Applicant further acknowledges that all applications are subject to deed restrictions and any other codes, ordinances, laws or government regulations that apply. Applicant understands that any permit that may be granted in response thereto are subject to all the laws of the State of Iowa and all ordinances for the City of Cedar Rapids, Iowa, that may have a bearing on the same.

Signature of Applicant: _____ **Date:** _____

Building Department Approval: _____ **Date:** _____

Zoning Department Approval: _____ **Date:** _____