



Permit No: _____
 Property Zoned As: _____
 Permit Fee: _____
 Date Paid: _____
 Date Approved: _____

BUILDING PERMIT APPLICATION

****YOU MUST SUPPLY A PLAN OF THE PROPOSED PROJECT DRAWN TO SCALE****

(Must submit one site plan, commercial projects must have a full construction set submitted)

(A permit will not be considered unless you outline your setbacks & property lines on the site plans you submit)

PROPERTY & OWNER INFORMATION			
Owner's Name:	Project Address:		
Site Address (if different):			
Phone:	Email:		
APPLICANT INFORMATION (if other than OWNER)			
<input type="checkbox"/> Builder <input type="checkbox"/> Contractor			
Applicant Name (if other than owner):			
Applicant Business Name:			
Address:			
Phone:			
DESCRIPTION OF WORK			
<input type="checkbox"/> New Home	<input type="checkbox"/> New Construction	<input type="checkbox"/> One Family	<input type="checkbox"/> Garage-Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Move Building on property	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage-Separate
<input type="checkbox"/> Deck	<input type="checkbox"/>	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Fence	<input type="checkbox"/>	<input type="checkbox"/> Commercial	<input type="checkbox"/> Other (specify)
PROJECT SIZE/DIMENSIONS			
Please complete all that are applicable:			
RESIDENTIAL DWELLINGS	MULTI-FAMILY/COMMERICAL/INDUSTRIAL		
Total # of Floors:	Total Building Area:		
Total Height:	Total # of Floors:		
Total Structure (in Sq Ft):	Total Structure (in Sq Ft):		
Finished Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Height:		
	Off Street Parking Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Number of Stalls:		
ACCESSORY BUILDING	DECK/PATIO		
Height (peak): Height (wall):	<input type="checkbox"/> Front <input type="checkbox"/> Rear Yard		
Length:	Length:		
Width:	Width:		
Total SF:	Total SF:		
FENCE	ESTIMATED COST		
<input type="checkbox"/> Front <input type="checkbox"/> Rear Yard	\$		
Length:	Do you need a Water Permit: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Width:	Do you need a Sewer Permit: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Height:			
Material:			
ACKNOWLEDEMENT & SIGNATURE			
<p>The applicant, by signature, hereby certifies that the above information is true and accurate and that the above construction shall comply with the City of Hull Zoning Ordinance in all respects. It is also understood that any permit granted shall be null and void unless the proposed project is started within 180 days from the date I have been granted this Building Permit Application. Furthermore, I understand it is the responsibility of me to make sure all Iowa One Calls have been made on my property for any digging I will be doing. I also understand it is my responsibility to know where my property lines are located.</p>			
Signed: _____	Date: _____		
Owner or Applicant (if other than Owner)			
Signed: _____	Date: _____		
Contractor or other Authorized Representative			

PERMIT WILL BE VALID FOR ONE (1) YEAR