



Building Permit Application

City of Johnston

Community Development / Building Department
 PO Box 410 • 6221 Merle Hay Road • Johnston, Iowa 50131
 Phone: 515-727-7778 • buildingdepartment@cityofjohnston.com

Project Address: _____

Legal Description / Lot / Subdivision _____

Building Setbacks (Proposed from lot lines): Front _____ Rear _____ Right Side _____ Left Side _____

Applicant is the: Property Owner Contractor Architect Engineer Other (Describe) _____

Applicant _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Phone # _____

Project Description _____

Single Family Detached Duplex/Bi-Attached Townhome / Multifamily - # of Dwelling Units _____ Commercial Building

Project Contract Value: _____

<input type="checkbox"/> Accessory Structure *Supplemental Accessory Form	<input type="checkbox"/> Addition *Generic Wall Section Form	<input type="checkbox"/> Basement Finish *Floor plan with dimensions	<input type="checkbox"/> Deck / Pergola *Deck Wall Form
<input type="checkbox"/> Fence Height: _____ Material: _____	<input type="checkbox"/> Pool / Hot Tub *MUST HAVE 6FT FENCE*	<input type="checkbox"/> Remodel / Repairs *Floor plan with dimensions	<input type="checkbox"/> New Residential Home *Full Application Packet

ALL PERMITS REQUIRE A SITE PLAN; which documents an aerial view, N arrow, adjacent street names, measured property lines with the footprint of proposed and existing structures; including all dimensions. Measurements from the proposed structures to house, to rear and side lot lines must be documented.

New Commercial Building Commercial Tenant Improvement Contract Value (Commercial Only) _____

Water Service Size (Commercial Only) _____ Water Meter Size (Commercial Only) _____

- Site Plans
- Building / Construction Plans
- Outside Engineering Documentation
- Energy Documents (REM/rate-RESCheck)
- Grading Permit Application
- Water Service Application
- DNR Lot Transfer Document
- SWPPP (2 copies, if required)

Separate permits and fees are required for Electrical, HVAC/Mechanical, and Plumbing work, State Issued Licensing may be required. Work described in this application must begin within 180 days from the date of issuance of the permit, efforts or work must be continuous until completed and a Certificate of Occupancy or Letter of Zoning Approval is issued, and must be completed as described herein unless amended by the Building Official. All work is subject to inspection and approval by the Johnston Building Department or designee. It is the responsibility of the permittee to seek all inspections and approvals.

It is the permittees responsibility to be familiar with the applicable provisions of the Johnston Code of Ordinances governing work covered by this permit application. The undersigned warrants that he/she has reviewed the necessary ordinances, specifications, provisions, zoning requirements, building, and fire codes applicable to the work described in this application for permit and will defend, indemnify, protect, and hold harmless the City of Johnston, its employees and contractors from any and all liability, from any claim, cause, or action which a person may have or claim to have by reason of any actual or alleged failure on the part of the undersigned to comply with the terms and conditions thereof.

I hereby certify that I have read and examined this application and its attachments and know the same to be complete, accurate, true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. I agree to adhere to the plans as submitted and approved by City Staff and will provide notification of any change prior to construction. The granting of a permit does not presume to give authority to violate or cancel any provision of any state or local law regulating construction or the performance of construction.

Signature of Applicant _____ Date _____

PLEASE ALLOW A MINIMUM OF 7 WORKING DAYS FOR PERMIT REVIEW

OFFICE USE ONLY

Date Completed: _____ Total Permit Fees \$ _____ Permit No. _____

Approved By: _____ / _____ Failed _____

Comments _____



Accessory Buildings Permit Supplemental Sheet

Site Plan

- Encompassing the entire property showing the location(s) of **all** easements, fences, septic fields, buildings and encumbrances on the property
- Proposed location(s) of **all** structures with dimensions to property lines
- Total area of **all** existing accessory structures on the property

Construction Drawings

- Wall section depicting footing size/depth, wall and roof construction type, and building height*
- Materials to be used
- Dimensional layout of the structure's footprint

Additional Information

Main House Body/Trim Color: _____

Main House Ext. Material Type: (examples: brick, lap board, vinyl etc.) _____

Accessory Building Exterior Material Type and Color: _____

Accessory Building Dimensions Length, Width, Height at Mid-Point**, and Total Height*:

Access

Is there a secondary driveway access? _____

If yes from what street? _____

If yes what is the driveway material: (concrete, asphalt, gravel etc.)

Notes: General measurements should be from outside of wall to outside of wall, or outside of wall to lot line.

* Height is from grade (ground level) to mid-point and to peak.

** Mid-Point is the point half way between the top of wall and the peak of the roof.