



STAFF USE ONLY
 RECEIVED BY:
 DATE:

Permit Application
Commercial / Industrial / Multi-Family
 BUILDING, ELECTRICAL, MECHANICAL, PLUMBING, BUILDING SEWER & WATER SERVICE

Applicant must complete numbered items and highlighted spaces.

1	JOB ADDRESS:			
2	OWNER	MAILING ADDRESS	CITY STATE ZIP	PHONE #
				EMAIL
3	APPLICANT	MAILING ADDRESS	CITY STATE ZIP	PHONE #
				EMAIL
4	GENERAL CONTRACTOR	MAILING ADDRESS	CITY STATE ZIP	PHONE #
				EMAIL
5	ELECTRICAL CONTRACTOR	MAILING ADDRESS	CITY STATE ZIP	PHONE #
				EMAIL
				STATE OF IOWA LICENSE #
6	PLUMBING CONTRACTOR	MAILING ADDRESS	CITY STATE ZIP	PHONE #
				EMAIL
				STATE OF IOWA LICENSE #
7	HVAC CONTRACTOR	MAILING ADDRESS	CITY STATE ZIP	PHONE #
				EMAIL
				STATE OF IOWA LICENSE #
8	COMMERCIAL EXHAUST HOOD CONTRACTOR	MAILING ADDRESS	CITY STATE ZIP	PHONE #
				EMAIL
				STATE OF IOWA LICENSE #
9	SEWER & WATER CONTRACTOR (\$5,000.00 BOND REQUIRED FOR EXCAVATIONS IN THE R.O.W.)	MAILING ADDRESS	CITY STATE ZIP	PHONE #

				EMAIL
				STATE OF IOWA LICENSE #
10	ARCHITECT OR ENGINEER (WHEN REQUIRED BY IOWA CODE 544A)	MAILING ADDRESS	CITY STATE ZIP	PHONE #
				EMAIL
11	DESCRIBE WORK:		12	STRUCTURE USE:
13	VALUATION:			

The undersigned has submitted the required plans and specifications which are hereto attached, incorporated into and part of this application. The undersigned agrees to construct in accordance with the approved plans and specifications; notify the Building Inspection Department when required inspections are needed; will not use or occupy this structure or structures covered by the permit until the certificate of occupancy has been issued; and will not proceed with construction until the permit is issued.

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 waive the provisions of any other laws required by Federal, State, and City or covenants regulating construction or the performance of construction. Any unapproved changes made herein shall make the application invalid.

Signature of Owner or Authorized Agent _____ Date _____

PLEASE PRINT ABOVE NAME HERE: _____

Commercial/Industrial/Multi-Family Permit Submittal Checklist

All submittals for commercial building permits should be appropriately scaled and should provide the following information:

Project Description

- New Building
- New Shell Building
- Addition
- Remodel (verify existing occupancy)
- Tenant Improvement (T.I.)
- Miscellaneous Work
- Complete description of business operation
- Provide an hazardous material data for storage and manufactured

Project Location

- State the actual address of the project and legal description of the property. If an address has not been established, the City will assign a permanent or temporary address.

Owner/Applicant/Information

- Owner's Name
- Owner's Mailing Address
- Contact Person (Owner or Owner's Rep.)
- Phone Number
- Email Address

Contractor Information: Required prior to Permit Issuance

- Contractor Name
- Contractor Address
- Phone Number
- Email Address
- State Contractor License Number (Electrical, Fire Alarm, Fire Sprinkler, Mechanical & Plumbing)

One complete set of plans, drawn to scale, are to be submitted for a plan review. The permit fees are to be paid at the time of permit issuance, after review and approval of the plans.

The plans required are as follows:

SITE PLAN

Site plan in accordance with the North Liberty's Zoning Code.

GENERAL CODE DATA

The code information required on plans:

- Provide a building information block containing:

Occupancy Type	Fire alarms / Yes or No
Separated use or non-separated use	Emergency lighting / Yes or No
Type of construction	Number of exits required
Square footage (of each building/tenant space)	Exits provided
Allowable area calculation	Number of floors in the building
Floor number on which work is being performed	Sprinklers / Yes or No
	Governing Codes as follows:

ARCHITECTURAL PLAN

Sealed by a registered architect in State of Iowa (see Iowa Code 544A.18 for exceptions)

- Provide complete architectural floor plans, roof plans and reflected ceiling plans:
- Show complete floor layout including equipment.
- Identify the use of each room.
- Identify the complete exiting system, including the occupant load of each room.
- Provide a wall schedule to identifying walls to be new/existing, bearing/non-bearing, and different height walls.
- Provide dimensions of rooms, corridors, doors, etc.
- State the occupancy classification of the adjoining suites.
- Provide energy code requirement for the building envelope and related details.
- Identify fire rated assemblies (if applicable) and provide architectural details, referred UL/Gypsum Board Association number and standard details.
- Show accessibility information to include:
 - the location and dimensions of the accessible restroom facilities
 - the location and dimensions of elevators (if applicable)
- Provide four sides building elevations.
- Provide building cross-sectional views.
- Provide general architectural details.
- Provide wall details (top and bottom connection details with approved listed anchors).
- Provide window schedule, door schedule and hardware schedule.
- Provide floor/wall finish schedule.
- Performance requirements.

MECHANICAL PLAN

Sealed by a registered mechanical engineer in State of Iowa (when applicable)

- Complete mechanical floor plan for the entire project area.

- Mechanical energy conservation code compliance.
- Mechanical layout (ductwork, A/C units, air-handlers, diffusers, etc.).
- Mechanical equipment listings, specifications and weight.
- Outside air ventilation calculations.
- Air-balance schedule.
- Air-balance report note.
- HVAC equipment specifications.
- HVAC duct detector automatic shutoffs.
- HVAC duct detector audible/visual alarms and trouble lights.
- HVAC automatic shutoff test report note.
- Restroom exhaust ventilation systems.
- Hazardous exhaust ventilation systems (if applicable).
- Make-up air openings [sizes and locations] (if applicable).
- Combustion-air openings [sizes and locations] (if applicable).

PLUMBING PLAN

Sealed by a registered mechanical engineer in State of Iowa (when applicable)

- Complete on-site water & sewer plans.
- Complete plumbing floor plan and roof drainage systems for the entire project area.
- Minimum plumbing fixture analysis.
- Plumbing fixture specifications.
- Plumbing fixture connection schedule.
- Drain, waste, and vent sizing isometrics.
- Water pipe and meter sizing calculations.
- Backflow Devices [as required] – Type(s) and Location(s).
- Expansion Tanks [as required] -- Size(s) and Location(s).
- Gas pipe sizing calculations and isometric (if applicable).
- Provide a scaled site plan clearly denoting project location and gas meter locations.
- Provide a floor/roof plan documenting ALL appliance types and locations.
- Provide a one-line gas pipe, sizing diagram:
 - Identify ALL second stage regulators (if applicable).
 - Identify ALL appliance locations and Btu/hr input ratings.
 - Identify on the one-line, ALL branch pipe lengths and sizes.
 - Identify the total developed length of piping from the gas meter, or LPG tank, to the most remote appliance on the entire system.
 - Identify ALL gas pipe materials and locations, i.e., underground, building wall, roof, etc.
 - Specify gas pipe support method and spacing.
 - Address gas venting and combustion air.

ELECTRICAL PLAN

Sealed by a registered engineer registered in Iowa (when applicable)

- Provide a symbol schedule of all symbols and abbreviations used.
- Provide complete electrical site plans showing utility transformer(s) and SES location(s) and all exterior lighting or other wiring.
- Provide a one-line drawing of the complete electrical system showing:
 - System voltage, phase configuration, and available fault current.
 - All subpanels and feeders with conductor sizes and types.
 - Fault current calculations from SES to lowest rated overcurrent device or equipment.
 - Ampere rating of all overcurrent devices.
 - Grounding detail(s).
 - Provide a lighting floor plan including fixture types & wattage.
 - Provide a power floor plan showing receptacles, switches, outlets, etc. (identify if new, existing, relocated).
 - Label all rooms/areas on all floor plans.
 - Show the location of all electrical equipment (IE, SES, panels, transformers, etc).
 - Provide nameplate ratings of all motors, elevators, AC units, and equipment.
- Provide a schedule for each panel showing:

Voltage, phase configuration, and interrupting rating.
NEMA enclosure type.
Ampere rating of all overcurrent devices.
Load calculations for the SES and all panels.
Identify any hazardous or classified areas by NEC type.
Provide lighting power calculations and controls per IECC or ASHRAE 90.1.

STRUCTURAL DRAWINGS

Sealed by a registered engineer registered in the State of Iowa (when applicable)

- General structural notes.
- Design dead loads.
- Design live loads.
- Wind design data.
- Seismic design data.
- Special Loads (if applicable) that are specified by the code.
- Identify all Deferred Submittal Items.
- Identify all special inspection and structural observation requirements.
- Material Specifications
- Geotechnical Information, i.e. Soils Class, Allowable Bearing Pressure, Reference to Geotechnical

- Foundation Plan:
 - Indicate shear wall and hold down locations.
 - Include separate sheets for “mirrored” plans.
 - Footing bearing or top of footing elevations.
 - Reinforcement size and placements.
 - Anchor size and placements.

- Floor Framing Plan:
 - Indicate shear wall and hold down locations
 - Include separate sheets for “mirrored” plans
 - Framing floor layout and sizes
 - Section and detail cuts
 - Fire rated assemblies

- Wall Framing Information and Details:
 - Shear wall details.
 - Brace wall details.
 - Header details.
 - Section and detail cuts.
 - Fire rated assemblies.
 - Performance requirements.

- Roof Framing Plan:
 - Framing roof layout and sizes.
 - Section and detail cuts.
 - Fire rated assemblies.
 - Performance requirements.

- Structural Details:
 - General structural details, connection details and all cut structural details called out from structural.

- Geotechnical Investigation Report:
 - Provide one copy of soil report sealed by the geotechnical engineer of record (if applicable).

- Prefabricated Metal Building:
 - Provide separate manufacturer’s construction drawings and calculations that are sealed by the structural engineer of record for the prefabricated metal building.

- Additional drawings may be required depending on the complexity of the project.



Empty rectangular box

Municipal Utilities Service Application

Water Deposit Required on All Rental Units

NEW ACCOUNT AND ADDRESS CHANGE

TODAY'S DATE: _____

NAME OF APPLICANT: _____
(FULL LEGAL NAME) FIRST MIDDLE LAST

FEDERAL TAX I.D # _____ - _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

DATE OF BIRTH: ____/____/____ DRIVERS LICENSE #: _____ STATE: _____

SERVICE ADDRESS: _____

MAILING ADDRESS (if other than service address): _____

EMAIL : _____ **Enroll in E-Billing: Yes No**
PLEASE CIRCLE

CELL PH #: _____ HOME #: _____ WORK# _____

LIST SPOUSE &/OR CO-APPLICANT

NAME: _____ DATE OF BIRTH: ____/____/____
(FULL LEGAL NAME) FIRST MIDDLE LAST

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DRIVERS LIC # _____ ST _____

CELL PH #: _____ EMAIL: _____

IF APPLICABLE:

NAME OF LANDLORD: _____ PH #: _____
*LANDLORD WILL RECEIVE NOTICE OF DELINQUENT BILLS. BILLS ARE DELINQUENT WHEN NOT PAID BY THE 20TH OF EACH MONTH.

I HEREBY APPLY FOR UTILITY SERVICES FOR THE PREMISES LISTED ABOVE BEGINNING ON THE _____ DAY OF _____ 20____. PURSUANT TO THE RULES AND REGULATIONS OF THE CITY OF TIFFIN, IOWA, AND UNDER THE IOWA CODE SECTION 384.84(3) I AGREE TO PAY ALL BILLS RENDERED BY THE CITY OF TIFFIN UNTIL I GIVE NOTICE TO DISCONTINUE SAID UTILITY SERVICE. (WITHIN THE TEN DAY NOTICE OF CHANGE)

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____

UTILITY CLERK SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

DEPOSIT REQUIRED: ____YES ____NO AMOUNT PAID: ____\$75.00 DATE PAID: _____
____CASH ____CHECK (# _____) ____CREDIT CARD ____MONEY ORDER (# _____)

UTILITY CLERK SIGNATURE: _____ DATE: _____

City of Tiffin - 300 Railroad St - PO Box 259 - Tiffin IA 52340
PH: (319) 545-2572 FAX: (319) 545-4147