



STAFF USE ONLY  
RECEIVED BY:  
DATE:

**Building Permit Application**  
**Single Family, Duplex & Townhouse Dwellings**  
BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, BUILDING SEWER & WATER SERVICE

Applicant must complete numbered items and highlighted spaces.

<b>1</b>	<b>JOB ADDRESS:</b>								
<b>2</b>	<u>OWNER</u>	<u>MAILING ADDRESS</u>	<u>CITY STATE ZIP</u>			<u>PHONE #</u>			
						<u>EMAIL</u>			
<b>3</b>	<u>APPLICANT</u>	<u>MAILING ADDRESS</u>	<u>CITY STATE ZIP</u>			<u>PHONE #</u>			
						<u>EMAIL</u>			
<b>4</b>	<u>GENERAL CONTRACTOR</u>	<u>MAILING ADDRESS</u>	<u>CITY STATE ZIP</u>			<u>PHONE #</u>			
						<u>EMAIL</u>			
<b>5</b>	<u>ELECTRICAL CONTRACTOR</u>	<u>MAILING ADDRESS</u>	<u>CITY STATE ZIP</u>			<u>PHONE #</u>			
						<u>EMAIL</u>			
						<u>STATE LICENSE #</u>			
<b>6</b>	<u>PLUMBING CONTRACTOR</u>	<u>MAILING ADDRESS</u>	<u>CITY STATE ZIP</u>			<u>PHONE #</u>			
						<u>EMAIL</u>			
						<u>STATE LICENSE # BEGINNING 7/1/09</u>			
<b>7</b>	<u>HVAC CONTRACTOR</u>	<u>MAILING ADDRESS</u>	<u>CITY STATE ZIP</u>			<u>PHONE #</u>			
						<u>EMAIL</u>			
						<u>STATE LICENSE # BEGINNING 7/1/09</u>			
<b>8</b>	<u>SEWER &amp; WATER CONTRACTOR</u>	<u>MAILING ADDRESS</u>	<u>CITY STATE ZIP</u>			<u>PHONE #</u>			
						<u>EMAIL</u>			
						<u>STATE LICENSE # BEGINNING 7/1/09</u>			
<b>9</b>	<u>DESCRIBE WORK:</u>								
<b>10</b>	<u>TOTAL SQ. FT OF HABITABLE FINISHED AREAS</u>		<b>11</b>	<u>TOTAL SQ. FT OF UNFINISHED / STORAGE</u>		<b>12</b>	<u>TOTAL SQ. FT OF GARAGE AREA</u>		
<b>13</b>	<u>USE OF BUILDING OR STRUCTURE</u>				<b>14</b>	<u>VALUATION:</u>		<b>15</b>	<u>NUMBER OF WATER METERS:</u>

ENERGY EFFICIENCY REQUIREMENTS CHAPTER 11 of the INTERNATIONAL RESIDENTIAL CODE  
Compliance shall be demonstrated by either meeting the requirements below or meeting the requirements of International Energy Conservation Code Section 405 by providing a **Compliance Report**

CLIMATE ZONE	FENESTRATION U-FACTOR	SKYLIGHT U-FACTOR	CEILING R-VALUE	WOOD FRAME WALL R-VALUE	MASS WALL R-VALUE	FLOOR R-VALUE	BASEMENT WALL R-VALUE	SLAB R-VALUE AND DEPTH	CRAWL SPACE WALL R-VALUE
<b>5</b>	<b>0.35</b>	<b>0.60</b>	<b>38</b>	<b>20 or 13 + 5</b> <small>(See Table N1102.1 footnote h)</small>	<b>13</b>	<b>30</b> <small>(See Table N1102.1 footnote f)</small>	<b>10/13</b>	<b>10,2 ft</b>	<b>10/13</b>

Minimum Requirements  
for Residential Plot Plan

The plot plan must be accurately drawn to an engineer scale displaying the following information:

General Information:

1. Applicant(s) name.
2. Legal description.
3. Site address.
4. Current zoning classification.
5. Zoning setback lines.
6. An identified scale.
7. North directional arrow.
8. Property line dimensions.
9. Official property iron pins.
10. Existing structures including decks, porches, garages and sheds.
11. Proposed structures or additions including decks, porches, sunrooms, garages and sheds.
12. Dimensions of all buildings.
13. Roof overhangs.
14. Existing or proposed fences.
15. Driveways, sidewalks, patios and retaining walls.
16. Distances between building walls and lot lines.
17. Water service size and location.
18. Building sewer size and location.
19. Statement on the site plan that all property iron pins shall be visible and marked during the entire construction process.

Engineering Information :

1. Public utilities abutting the property. (storm sewers, sanitary sewers & water mains)
2. Location and dimensions of all public and private easements. (see
3. Storm water surface flow arrows.

REQUIREMENTS FOR SUBMITTING DRAWINGS  
(one set of plans required for each application)

1. Scaled floor plans with designated room uses, square footage of habitable space, square footage of unfinished/storage spaces, doors and windows.
2. Foundation plan showing all footings, stem walls, basement walls, slabs, foundation damp proofing material, drainage system and slab vapor barrier. Sizes, locations and cross sections showing reinforcement of each. All bearing load number from engineered girders and beams shall be noted. If engineered foundation is used or required, stamped plans shall be submitted with the permit application for approval.
3. Floor framing plans, which include size, type of material, spans, and bearing points of all joist, girders, beams and columns. Show method of all connections to the footings or foundation.
4. Wall cross sections providing framing details showing interior wall finish, vapor barrier, insulation, wall bracing, sheathing, weather barrier, flashing and exterior wall coverings.
5. Header sizes and materials of openings exceeding 4-feet in width.
6. Roof framing details indicating roof system to be used, sheathing, underlayment, ice dam, covering.
7. Stair details showing rise, run, guards and handrails.
8. Decks and porches showing footing locations, depth and size, columns, floor and roof framing materials and connection methods throughout the entire structures.
9. Location of all heating appliances and type of fuel to be used.
10. Location of electrical service and panel boards.
11. Show all insulation materials used to comply with energy code requirements.

WHEN PERMIT IS ISSUED

- The lot locator signs provided by the City shall be placed so that the address is visible from the public street.
- The approved set of plans, specifications and other data must be kept on the job site and protected from weather.
- Advance one day notice is required for inspection request. See inspection policy for exceptions.
- All contractors on job sites must maintain all required business license, contractor's license, bonds and insurances.
- The permit holder is required to review and follow the approved plans, specifications and understand all building code comments listed on the permit prior to beginning construction.
- A common rule of thumb for inspections is **"never cover anything until the City Inspector has seen it and signed off."**

**The undersigned has submitted the required plans, specifications and plot plan which are hereto attached, incorporated into and part of this application. The undersigned agrees to comply with all applicable codes; give full notification to the building inspector when required inspections are needed; that he or she 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.**

Signature of Owner or Authorized Agent

Date

PLEASE PRINT ABOVE NAME HERE: \_\_\_\_\_

**SIGNATURE REQUIRED** - This application will not be accepted if signature line is blank.



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 20<sup>TH</sup> 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