

City of Stratford

805 Shakespeare Avenue Stratford, Iowa 50249-0218
Telephone: (515) 838-2311 Fax (515) 838-2315 cityofstratford@globalccs.net

BUILDING AND LAND USE REGULATIONS ORDINANCE CHAPTER 155 COMPLIANCE PERMIT

I, the undersigned, hereby make application for a permit to build, re-build, or construct upon the following described real estate located within the corporate limits of the City of Stratford, Hamilton County or Webster County, Iowa:

Name of resident applying for permit _____ Phone# _____

Address of Construction _____

The use for which the structure will be used for _____

Proposed construction will be _____ feet by _____ feet and will be _____ feet in height. Said construction will be _____ feet from the nearest lot line and its general proximity to other buildings and all property lines is shown drawn to scale on back of this sheet.

Construction materials used will be _____

Name and phone # of Contractor _____

Construction start date _____ Anticipated completion date _____

Date approval needed _____ Estimated cost of improvements _____

I will () will not () be doing any digging (excavating).
I have () have not () called IOWA ONE CALL at 811 at least 48 hours in advance.

I understand that construction must begin within six months after permit has been approved and that permit becomes void after 1 (one) year if construction has not been started.

Applicant Signature Date

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FOR OFFICE USE ONLY

Building Permit Fee of \$10 paid on date _____ with check # _____ or cash _____

Approved by City Manager YES () NO () Signature and Date _____
If No, state Reason _____

Approved by Council YES () NO () VARIANCE () Date approved _____
Reason for No or Variance _____

Initial Inspection - Maintenance Supervisor Signature and Date _____

Final Inspection - Maintenance Supervisor Signature and Date _____

COMMENTS _____

Building Plans

Show Dimensions of Structure (and/or fence) and
Distance from all Sides to the Property Lines

NORTH

WEST

EAST

SOUTH