# City of Holstein Building Permit

119 S Main Street | Holstein, IA 51025 | Phone: (712) 368-4898 | Email: administrator@holsteinia.gov

**PERMIT NO:** _____ **PERMIT NO:** _____ **DATE RECEIVED:** _____ **FEE PAID: $**_____

*Applicant Name : _____

*Property Address: _____

Email Address: _____

**Property Owner - Property Owner Information (if different from applicant)**

Owner Name: _____

Owner Address: _____

**Contractor Name:**

Contractor Address: _____

Phone Number: _____

**Project Information**

*Description of Work: _____

*Construction Value: _____ Excludes land cost: _____

Anticipated Start Date: _____ Anticipated Completion Date: _____

**Site Plan Drawing:**

*Please see the attached graph paper - detailed description of project and drawing is required.

**Site Plan Requirements:**

| | |
|---|---|
| Property boundaries with dimensions: ☐ | Building location on lot: ☐ |
| Distance from all property lines: ☐ | Existing structures: ☐ |
| North arrow direction: ☐ | Utility easements: ☐ |

**Required Submittals**

Plot Plan showing building location, setbacks, and lot dimensions ☐

Structural Plans (if required) ☐

Building Plans (floor plans, elevations, sections) ☐

I certify that the information provided in this application is true and accurate. All work will comply with applicable building codes, zoning ordinances, and local regulations. I understand that obtaining this permit does not authorize violation of any other state or local laws governing construction.

**Applicant Signature:** _____ **Date:** _____

**Applicant Print Name:** _____

**Property Owner Authorization (Required if owner is not the applicant):** _____

As the property owner, I authorize the proposed work and certify that all information is accurate.

**Property Owner Signature:** _____ **Date:** _____

**Property Owner Print Name:** _____

**Office Use Only:**

Building Permit Fee: _____ Total Fee: _____ Amount: _____

**Zoning District:**

Residential _____ Agricultural _____ Commercial _____

**Type of Work:**

New Construction _____ Addition _____ Alteration/Remodel _____ Demolition _____

Accessory Structure _____

Reviewed By Zoning Administrator: ☐

Tammy Nuckolls, City Administrator: _____ Date Approved: _____

**Comments/Conditions:**

**IMPORTANT NOTICE:** Construction cannot begin without this permit. Schedule inspections 24 hours in advance: (712) 368-4898.

**Permit Expiration:** This permit expires automatically if:

- No work begins within **one year** of permit issuance, OR
- Work stops for **one year** after starting

Permits remain valid with ongoing construction activity.