

## **Fence Permit Application**

Email application to: bi@wdm.iowa.gov

(Effective 7-1-24 through 6-30-25)

Development Services / Building Division 4200 Mills Civic Parkway Suite 1D 515-222-3630 fax 515-273-0602

| Project Address:  |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Fence Type:   |   |  |  |  |  |  |
| Fence Height:   | ☐ 4' ☐ 6' (maximum) ☐ Describe other:   |  |  |  |  |  |
| Property Type:  | Single Family Townhome Multi-Family Commercial  (Multi-family and Commercial Fences require Planning approval)  |  |  |  |  |  |
| Application Items   | · · · · · · · · · · · · · · · · · · ·   |  |  |  |  |  |
| ☐ 1) This <u>Pe</u>   | ermit Checklist form completed and signed.  |  |  |  |  |  |
| ☐ 2) A comp   | eleted Building Permit Application (Page 2 of this packet)  |  |  |  |  |  |
| ☐ 3) A <u>Site r</u>  | olan or aerial photo showing all buildings, lot lines, new & existing fence                                     |  |  |  |  |  |
| locations, and swimming pool location, if applicable. The aerial view from the County or  |   |  |  |  |  |  |
| on-line we  | ebsites works excellent for showing proposed fence locations and is preferred in                                |  |  |  |  |  |
| lieu of a s   | <u>ite plan.</u>  |  |  |  |  |  |
| 4) <u>Permit</u>  | Fee: \$45   |  |  |  |  |  |
|   | aw requires that you notify lowa One Call before digging.  "811" or 1-800-292-8989 or go to www.iowaonecall.com |  |  |  |  |  |
|   | e separate "Fence Design and Information Handout" for questions about construction requirements.                |  |  |  |  |  |
| <ul> <li>Confirming property lines, buried utilities, easements, restrictive covenants, or association<br/>requirements are strictly the responsibility of the Property Owner and/or Contractor.</li> </ul> |   |  |  |  |  |  |
| <ul> <li>It is advised</li> </ul>   | to place the fence on the property line to avoid property line disputes later.                                  |  |  |  |  |  |
|   | • If two or more fences will be joined structurally, consult with your neighbor\owner of the existing fence.    |  |  |  |  |  |
| Applicant: <b>X</b>   | Date:   |  |  |  |  |  |



## **Building Permit Application**

4200 Mills Civic Parkway Suite 1D

West Des Moines, Iowa 50265

Phone: 515-222-3630

Email Applications to: bi@wdm.iowa.gov

Effective 7/1/2024-6/30/25

Incomplete applications or plan submittal packets will delay plan review and permit approval.

| Project Address:  |  | Suite   | \Unit #                                  | WDM, IA 5026                           |  |  |  |
|---|--|---|--|--|--|--|--|
| Plat Name (City can help find this information):  |  |   | Lot #:                                   | Zoning:                                |  |  |  |
| Description of Project:   |  |   |  |  |  |  |  |
| Is this project for an existing Single Family   | y\Townhome property?`                                | Yes: No: If yes,  | is it owner occupi                       | ed? Yes: No:                           |  |  |  |
| Project Schedule and/or Approximate Co  | mpletion Date:                                       |   |  |  |  |  |  |
| Total Valuation of the Work for this Proje  | ct (Do not include land                              | costs): \$  |  |  |  |  |  |
| Commercial & Multifamily project square f   | ootage:  | Shell Building Sq. 1                                    | ft. (if applicable): _                   |  |  |  |  |
| Single Family and Town Home project squ<br>Basement Finished area:<br>Enclosed Deck or Porch (with wind   | Unfinished Baser                                     | ment area:  | Deck:                                    |  |  |  |  |
| <b>Demolition Projects:</b> Building Structure On   | ly? Yes: No: G                                       | rading land? Yes: No: _                                 | _ Clearing trees                         | ? Yes: No:                             |  |  |  |
| Property Owner:   |  |   |  |  |  |  |  |
| Street Address  | treet Address City/State/Zip                         |   |  |  |  |  |  |
| Email:  |  | Phone # (   | )  |  |  |  |  |
| Contractor (if different than the property ow   | ner):  |   |  |  |  |  |  |
| Street Address  | City/State/Zip                                       | 0   |  |  |  |  |  |
| Email:  |  | Phone # (   | )  |  |  |  |  |
| Architect/Engineer (if applicable):   |  |   |  |  |  |  |  |
| Street Address  | eet Address City/State/Zip                           |   |  |  |  |  |  |
| Email:  |  | Phone # (   | )  |  |  |  |  |
| Applicant Print Name  |  | Phone # (   | )  |  |  |  |  |
| Applicant's Email   |  |   |  |  |  |  |  |
| Applicants, owners, and con regulating building constructi  |  |   |  |  |  |  |  |
| * Separate Electrical, Mechanical, & Plumbin<br>* Permits will expire if the work is not started<br>* Permits may also expire if the project sche<br>* It is the applicant, owner, & contractor's res | l within 6 months, or if the dule or completion date | ne applicant does not sche<br>is not met (Extensions ma | dule an inspection<br>y be granted by th | for 6 months.<br>e Building Official). |  |  |  |
| Office Use Only: Received by:   | Date:  | Reviewed by:  |  | Date:                                  |  |  |  |
| City calculated valuation: \$   |  |   |  |  |  |  |  |
| Fee Receipt No:   | Date:  | Permit #:   |  |  |  |  |  |

## Site Plan - Required

An aerial view from the county or on-line website works well for showing proposed project locations and is acceptable in lieu of a drawn site plan.

## You must show these items:

- ❖ the proposed alteration *i.e.*: addition, deck, porch, pool, fence.
- Address including streets and street names.
- Property Lines and dimensions of the property.
- Setbacks: the distance to the property lines (front, rear & sideyards) of the proposed alteration or existing buildings.
- North directional arrow.

Address:

