



ONE & TWO FAMILY RESIDENTIAL PLAN SUBMITTAL REQUIREMENTS

Codes and Design Criteria

2021 International Residential Code;
State of Iowa Electric Code (2020 NEC); State of Iowa Energy Code (2012 IECC);
State of Iowa Mechanical Code (2021 IMC); State of Iowa Plumbing Code (2021 UPC);
2018 International Fire Code

Frost Depth- 42" Wind Speed – 105/115/120 mph based on building risk category
Ground Snow Load- 30 lb. (24 lb. roof snow load) Seismic Category A

THE FOLLOWING SHALL BE EMAILED FOR PLAN REVIEW & PERMIT APPROVAL TO:

bi@wdm.iowa.gov

**Paper plans and applications will no longer be accepted without prior approval
from the Building Official.**

1. **COMPLETED BUILDING PERMIT APPLICATION**
2. **BUILDING / STRUCTURAL PLANS**, with exterior elevations, wall section details, and a basic floor plan with all rooms or spaces labeled.
 - If the building contains a firewall, details and sections shall be provided to show the construction of such walls.
 - If a sprinkler system is required for the project, approval is required from the Fire Dept. and a set of sprinkler plans will need to be submitted to the Fire Marshal.
3. **SITE PLAN** Engineered plan or survey showing all building setback dimensions and easements.
4. **CONSTRUCTION SITE EROSION CONTROL AND TOP SOIL PRESERVATION FORM**. This form establishes project responsibility for erosion control and topsoil.
5. **GRADING PLAN for CONSTRUCTION SITE EROSION & SEDIMENT CONTROL**: (see sample grading plan). The grading plan shall include elevations, erosion control notes, and locations of the following: Silt fence, soil stockpiles, gravel construction entrance, concrete washout, inlet protections, and any additional pertinent information required as a means of complying with Construction Site Erosion and Sediment Control Ordinance provisions.
6. **ENERGY CODE COMPLIANCE**: To attain a building permit, documentation is required from a certified HERS Rater that the proposed project design will comply with the State adopted 2012 International Energy Code requirements. Before occupancy is approved, the Rater shall provide documentation that the project complies with the State Energy Code.
7. **ADDITIONAL INFORMATION**:
 - **SEPARATE PERMITS**: Separate Electrical, Mechanical, and Plumbing permits shall be required for each address.
 - **FIRE SPRINKLER SYSTEM**: Single family homes over 8,000 square feet (including garage, basement, and roof covered areas) are required to install a fire sprinkler system.
 - **RESTRICTIVE COVENANTS & PROPERTY LINES**: Confirming restrictive covenants and property line location is the owner/contractor's responsibility.
 - **FLOOD PLAIN**: If this project is not located in an approved City plat, documentation from a licensed engineer may be required to determine if the site is located in the flood plain and/or requires certified minimum floor and opening elevations.
 - **SEPTIC SYSTEMS**: Lots that do not have City sewer available within 400' of the property line shall have approval for a septic system from the applicable County Environmental Health Department prior to issuance of a building permit.

Contractors, subcontractors, and/or property owners shall contact Iowa One Call (1-800-292-8989) notification system before any excavation takes place.

Contractors need to be registered with the State of Iowa Division of Labor (800) 562-4692.

The City of
West Des Moines

www.wdm.iowa.gov/permits

Development Services Dept.

4200 Mills Civic Parkway
P.O. Box 65320
West Des Moines, IA 50265

Building Division
515-222-3620

Planning Division
515-222-3620

FAX 515-273-0602
TDD/TTY 515-222-3334

Fire Marshal
515-222-3420



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\Townhome property? Yes: ___ No: ___ If yes, is it owner occupied? Yes: ___ No: ___

Project Schedule and/or Approximate Completion Date: _____

Total Valuation of the Work for this Project (Do not include land costs): \$ _____

Commercial & Multifamily project square footage: _____ Shell Building Sq. ft. (if applicable): _____

Single Family and Town Home project square footage for 1st and 2nd floor: _____ Garage: _____

Basement Finished area: _____ Unfinished Basement area: _____ Deck: _____

Enclosed Deck or Porch (with windows and walls): _____ Roof Covered Deck or Porch: _____

Demolition Projects: Building Structure Only? Yes: ___ No: ___ Grading land? Yes: ___ No: ___ Clearing trees? Yes: ___ No: ___

Property Owner: _____

Street Address _____ City/State/Zip _____

Email: _____ Phone # (_____) _____

Contractor (if different than the property owner): _____

Street Address _____ City/State/Zip _____

Email: _____ Phone # (_____) _____

Architect/Engineer (if applicable): _____

Street Address _____ City/State/Zip _____

Email: _____ Phone # (_____) _____

Applicant Print Name _____ Phone # (_____) _____

Applicant's Email _____

Applicants, owners, and contractors submitting this application agree to comply with City Ordinances regulating building construction, accessibility and energy, including applicable State and Federal Laws.

* Separate Electrical, Mechanical, & Plumbing permits are required (The Contractor shall be licensed by the State of Iowa).

* Permits will expire if the work is not started within 6 months, or if the applicant does not schedule an inspection for 6 months.

* Permits may also expire if the project schedule or completion date is not met (Extensions may be granted by the Building Official).

* It is the applicant, owner, & contractor's responsibility to comply with restrictive covenants, easements, and to locate property lines.

Office Use Only: Received by: _____ Date: _____ Reviewed by: _____ Date: _____

City calculated valuation: \$ _____ Permit Fee: \$ _____

Fee Receipt No: _____ Date: _____ Permit #: _____



CONSTRUCTION SITE EROSION CONTROL
ACKNOWLEDGEMENT FORM

Development Services

4200 Mills Civic Parkway
P.O. Box 65320
West Des Moines, IA 50265

Building Division
515-222-3630

Planning
515-222-3620

Fire Marshal
515-222-3420

FAX 515-273-0602
TDD/TTY 515-222-3334

E-mail bi@wdm.iowa.gov

Project Address: _____

Description of Project (Single Family, Multi Family, etc.): _____

***NPDES Permit # (required):** _____

General Contractor: _____

Phone Number: _____

E-mail address: _____

Owner (if different than contractor): _____

Phone Number: _____

Erosion Control Contractor
(if different than General): _____

Phone Number: _____

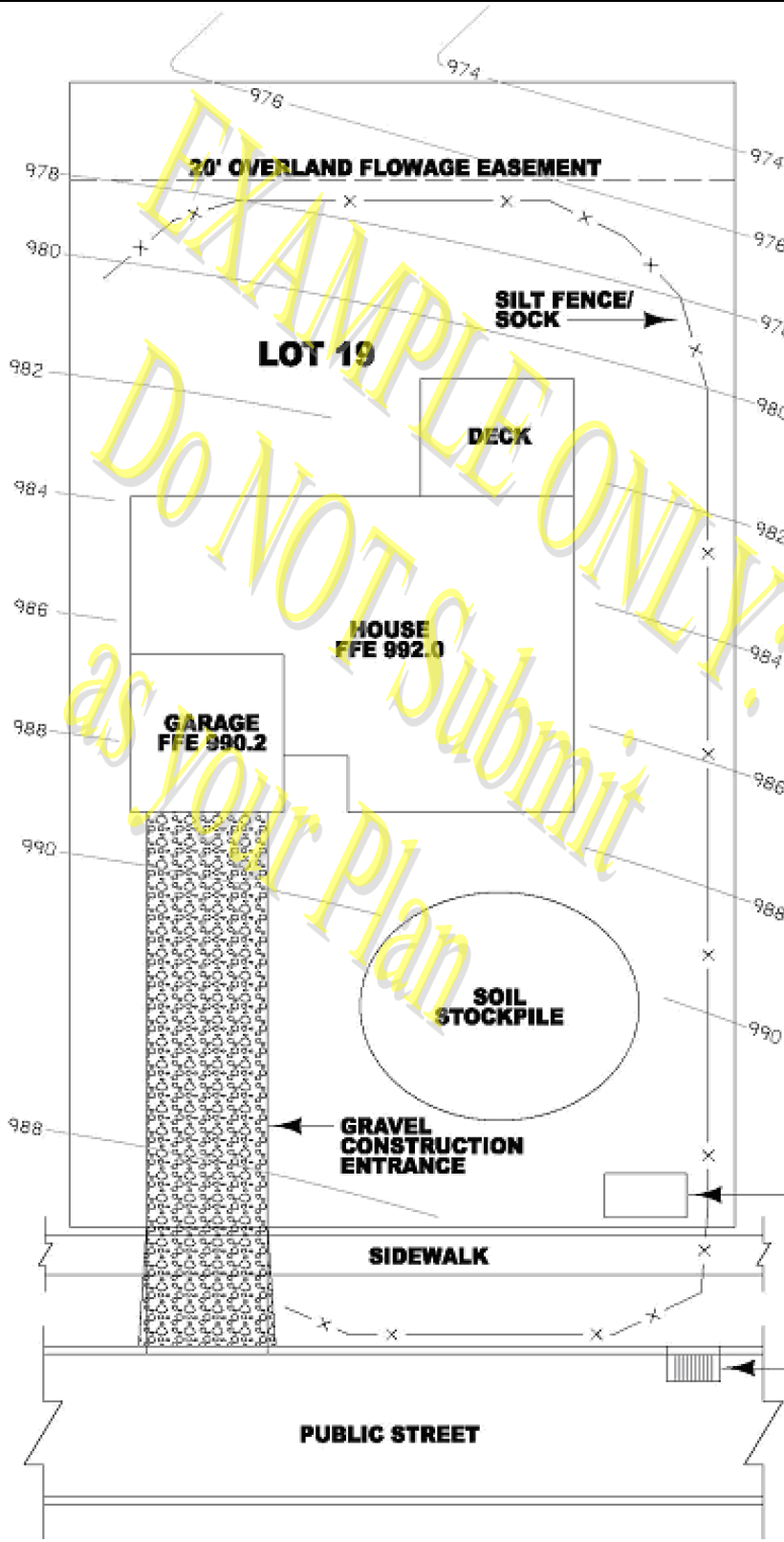
I acknowledge responsibility for construction site erosion and sediment control for this project:

Company You Represent: _____

Print Your Name: _____

EXAMPLE GRADING PLAN

CONSTRUCTION SITE EROSION & SEDIMENT CONTROL for SINGLE FAMILY RESIDENTIAL



Items to Note for Erosion Control

- Erosion control measures will be provided at the perimeter of the property prior to any construction activity.
- A stabilized construction entrance (gravel or similar) will be installed
- Erosion control measures will be inspected daily and maintained as necessary to ensure their function.
- Erosion control measures will be kept in place until permanent ground cover is established.
- Mulching, or similar will be provided if the season does not enable permanent ground cover.
- Inlet protection will be provided.
- Additional erosion control measures may be needed based on field inspection.
- All construction debris and sedimentation will be removed from the street each day.
- All concrete washout will be contained on site or placed in a containment device.
- No grading or soil storage is permitted in any overland flowage easements.
- An as-built survey may be required for any lot with an overland flowage or detention easement to ensure adequate capacity remains following final grading.

CONCRETE WASHOUT CONTAINMENT DEVICE

INLET PROTECION DEVICE (if needed)

Address:

Date:

Responsible Party:



FEE ESTIMATOR I

(For Building Permit Applications)

(Effective 7-01-24 through 6-30-25)

This form does NOT need to be completed for permit submittal.

Calculations provide an ESTIMATE ONLY. The actual fee will be determined by the Building Official based on calculated or actual valuation, whichever is greater. Permit fees shall be collected by the Building Division payable to the City of West Des Moines. No building permits shall be issued to any person or company who has fees outstanding, or outstanding violations of the Building Code or any laws or ordinances of the City of WDM.

Project Address & Description: _____

Name & contact phone number: _____

Total project valuation: \$ _____ Total Square Footage of Project _____

*Use the following Table to determine the building permit fee, which is part of the total fee estimate:

<u>Project Valuation</u>	<u>Fee</u>
\$1 to \$2,000	\$57 (minimum fee for any permit)
\$2,001 to \$25,000	\$60 for the first \$2,000 ----- plus \$11.15 for each additional \$1,000 or fraction thereof, to and including \$25,000
\$25,001 to \$50,000	\$320 for the first \$25,000 --- plus \$9.80 for each additional \$1,000 or fraction thereof, to and including \$50,000
\$50,001 to \$100,000	\$560 for the first \$50,000 --- plus \$4.70 for each additional \$1,000 or fraction thereof, to and including \$100,000
\$100,001 to \$500,000	\$800 for the first \$100,000 - plus \$4.66 for each additional \$1,000 or fraction thereof, to and including \$500,000
\$500,001 and up	\$2,650 for first \$500,000 --- plus \$3.25 for each additional \$1,000 or fraction thereof

***BUILDING PERMIT FEE** (from table above): ----- \$ _____

(Investigation fee for work without permit = to building permit fee above) ----- \$ _____

PLAN REVIEW FEE (equal to 65% of the building permit fee): ----- \$ _____
 (Plan review fees apply to new commercial, tenant improvement, and multifamily)

FIRE DEPT. PLAN REVIEW (\$115 minimum, or per the following schedule:
 100-6,000 sq. ft.: **\$115**; 6,001-12,000 sq. ft.: **\$230**; 12,001-24,000 sq. ft.: **\$345**;
 24,001-50,000 sq. ft.: **\$482**; 50,001-100,000 sq. ft.: **\$575**; 100,001-500,000 sq. ft.:
\$1,150; 500,001-1,000,000 sq. ft.: **\$1,725**; 1,000,000 sq. ft. and above:
\$1,725 + \$115 for every 6,000 sq. ft. above 1,000,000): ----- \$ _____

SEWER TAP FEE (\$81 per building when new tap is required): ----- \$ _____

SIDEWALK FEE (\$17.50 per building when new sidewalk is required): ---- \$ _____

STORMWATER EROSION INSPECTION FEE (\$148 minimum): ----- \$ _____
 (Based on 2 required inspections at **\$74** each) (Large projects will be estimated)

SEWER CAPITAL CHARGE (Applies to new **COMMERCIAL** projects, or if additional plumbing fixtures are added to existing projects. Calculate on table below):

Fixture Type	Cost Per Fixture	No. of Fixtures	=	\$
Sink, lavatory, drain, or similar	\$72	x _____	=	\$ _____
Water closet or urinal	\$144	x _____	=	\$ _____

SEWER CAPITAL CHARGE (Applies to all **multifamily** projects)
\$726 (per dwelling unit) x (total number of units) _____ = \$ _____

CERTIFICATE OF OCCUPANCY FEE (\$57 per permit): ----- \$ _____

***ESTIMATED FEE (DO NOT SUBMIT UNTIL CONFIRMED)** \$ _____

- * Additional fees will apply for Electrical, Mechanical, & Plumbing permits.
- * Contact West Des Moines Water Works at 515-222-3460 for fee and connection costs.

Development Services
Department

Building Inspection
 Division

bi@wdm.iowa.gov

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IOWA ONE CALL
 Call 811 Before You Dig
 Or 1-800-292-8989
 www.iowaonecall.com

OFFICE USE ONLY

Total project valuation: _____

Cost per sq. ft. _____ x _____

Project sq. ft. _____

Valuation \$ _____

CALCULATED FEE

\$ _____

By _____

Date _____