



COMMERCIAL & MULTIFAMILY

PLAN SUBMITTAL REQUIREMENTS for New Buildings & Additions

Codes and Design Criteria

2021 International Building Code 2021 International Fire 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)

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 (preferred) or ELECTRONICALLY SUBMITTED FOR PLAN REVIEW & PERMIT APPROVAL TO BUILDING INSPECTION AT:

bi@wdm.iowa.gov

STRUCTURAL PLANS, including structural calculations & soils report.

ARCHITECTURAL PLANS, including Floor Plans of each level, the use and size of all rooms, exiting, location of sprinkler riser room, fire dept. connection, & electrical room; Exterior wall elevations showing all pertinent vertical dimensions; Square footage of building (existing & proposed); Cross section detailing roof, ceiling, interior and exterior walls; Specifications detailing all pertinent requirements and equipment; Penetration details of shafts, corridors, & separation walls (specialty contractor required); Electrical, Mechanical, & Plumbing plans.

CONSTRUCTION DOCUMENTS shall bear the stamp and signature of an architect or professional engineer registered with the State of Iowa.

SPECIAL INSPECTIONS per the International Building Code Sect. 1704 shall be listed on the plans, or on a separate submittal sheet, including but not limited to: Reinforced concrete, welding, high strength bolting, structural masonry, spray applied fire resistive materials, excavation & fill, smoke control systems and fire stopping at fire assembly penetrations. A specialty contractor is required for special inspections. Note: On all multifamily and on a case-by-case basis for commercial projects, one specialty contractor shall be responsible for the fire stopping requirements of all trades (plumbing, mechanical, electrical, etc.).

CODE ANALYSIS is required; including codes & design criteria utilized, type of construction, size & height limitations, and building risk category (IBC Section 1604.5). Provide occupancy group & load, exiting requirements, rated wall requirements, travel distance, etc.

ENERGY REVIEW: Documentation is required showing that all commercial and high-rise residential construction will meet the 2012 International Energy Conservation Code, as adopted by the State of Iowa. Please use **ComCheck** at www.energycodes.gov/comcheck.

SITE PLAN APPROVAL REQUIRED for new building & additions. Contact Planning Division at 515-222-3620. Building plans & permit applications may be submitted for review prior to site plan approval.

WDM FIRE DEPARTMENT CHECKLIST: See for additional requirements and contact information.

ACCESSIBILITY: Utilize IBC Chapter 11 (ICC/ANSI A117.1). All provisions shall be included in the submitted plans. The State of Iowa utilizes 2010 ADA Standards; contact the Building Code Bureau at 515-725-6145. Owners and operators, or their assigned agents, of buildings and facilities subject to the provisions of ADA, ADAAG, and Fair Housing are responsible for compliance with applicable requirements regardless of whether those requirements are enforced through West Des Moines plan reviews or inspection.

STATE OF IOWA: Senior care centers, day care, hospitals, etc.: Designers/Owners shall contact the State Fire Marshal's Office at 515-281-5821 regarding State Building Code review requirements.

FOOD ESTABLISHMENTS: Contact the Iowa Inspections and Appeals Food Safety at 515-281-6538; and the Wastewater Reclamation Authority (WRA) at 515-323-8123 concerning F.O.G. and **grease interceptors**.

ELEVATORS: For design and contractor questions contact the Iowa Division of Labor at 515-725-5612.

SWIMMING POOLS: Contact the Iowa Department of Public Health at 515-281-8722.

ALL CONTRACTORS should register with the State of Iowa Division of Labor at 800-562-4692.

A PRE-CONSTRUCTION MEETING is required for all commercial and multifamily projects.

The City of
West Des Moines

www.wdm.iowa.gov/permits

Development Services

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

Building Division
515-222-3630
bi@wdm.iowa.gov

Planning Division
515-222-3620

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

Plans Examiner
Brian Palmer
515-222-3630
brian.palmer@wdm.iowa.gov

Fire Marshal
Mike Whitsell
515-222-3420
mike.whitsell@wdm.iowa.gov



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 #: _____

Plans received _____
Plans returned _____
Review by _____

**West Des Moines Fire Department
Plan Review
2018 International Fire Code with
2021 WDM Ammendments**

Complete Submittal _____
Incomplete Submittal _____

Occupant Name: _____

Building Address: _____ Building Type: _____

The items checked below are needed for construction. Item numbers that are circled require corrections as noted on the comments. NOTICE, before any construction begins, there shall be asphalt or concrete surfacing installed to the area of construction and all fire hydrants installed and operational. NO GRAVITY TANKS ARE ALLOWED. WDM Fire codes, supplemental guidelines and life safety plan submittal requirements can be found on our website at www.wdm.iowa.gov under Fire Prevention Bureau downloadable forms.

1. ___ Address ___ Suite # posted on the ___ Front ___ Rear of ___ Building ___ Door area
___ Street side ___ Directory Board. See section 505.1 of the West Des Moines Fire Code for specifics.
2. ___ Knox Box required. Contact the Fire Marshal for a form. Business Key required for building knox box ____.
3. ___ Fire hydrant required 100 feet of fire sprinkler connection. Approved Site Plan shall show the location of
Both the fire department connection and required private fire hydrant(s).
4. ___ Fire Sprinkler System must be ___ monitored ___ flow tested. Fire Sprinkler riser shall not be installed in or accessed through electrical room or electrical panels. No electrical in the fire riser room other than that required for fire protection. Sprinkler plans shall be submitted under separate cover by a State of Iowa and West Des Moines licensed contractor.
5. ___ Fire Alarm System ___ Pull stations ___ Detection ___ Horn/Strobes ___ Strobes only.
Fire alarm devices are to be tied into the main building fire alarm system. All fire alarm systems to be monitored. An Addressable with Point ID or Zone system (with 8 or less initiating devices) is required.
NOTE: Both addressable and zone systems shall have an alpha/numeric descriptor location which is required to be reported to West Des Moines dispatch upon activation of the system. Plans to be submitted only by a State of Iowa and West Des Moines licensed designer.
6. ___ Fire Extinguishing Systems ___ Type 1 hood ___ Clean-agent ___ Other required. Plans to be submitted only
by a State of Iowa and West Des Moines Licensed designer.
7. ___ Exit signs on battery back-up or on emergency generator system. Combination exit signs and emergency lights
are not allowed. Separate exit signs and emergency lights a minimum of 6 feet.
8. ___ Emergency lights. Photometric plan required. ___ Exterior emergency lights required at all exits.
9. ___ Fire Extinguishers shall be West Metro tagged _____ pound, _____ type with travel distance of _____ feet.
___ Compatible with Type 1 hood system. _____ Other required.

****** IF PLAN SUBMITTALS FOR ITEMS 4, 5, 6, 7, 8 AND 9 ARE NOT RECEIVED AT THE WEST DES MOINES FIRE DEPARTMENT ADMINISTRATION OFFICE WITHIN 7 DAYS OF THE SCHEDULED FINAL CERTIFICATE OF OCCUPANCY INSPECTION, A FEE OF \$200.00 SHALL BE PAID BY THE SUBMITTING COMPANY PRIOR TO THE INSPECTION TAKING PLACE AND THE INSPECTION WILL BE RE-SCHEDULED FOR A DATE AS DETERMINED BY THE FIRE MARSHAL.**

10. ___ No thumb turn locks are allowed on marked exit doors. ___ Panic hardware required on all exit doors.

ADDITIONAL COMMENTS\CORRECTIONS WILL BE ATTACHED AFTER REVIEW IF NECESSARY.



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

4200 Mills Civic Parkway
Suite #1D
P.O. Box 65320
West Des Moines, IA 50265

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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 _____