



Development Services
4200 Mills Civic Parkway #1D
P.O. Box 65320
West Des Moines, IA 50265-0320

Building Division
515-222-3630
Fax 515-273-0602
TDD/TTY 515-222-3334

Residential Additions & Attached Garage Permit Application

Email application to: bi@wdm.iowa.gov

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

Address: _____

Description of Project: _____

Required items:

- 1. This **Permit checklist**
- 2. **Building Permit Application**
- 3. **Egress window form** signed
- 4. **Smoke Detector form** signed
- 5. **Site-plan** showing all dimensions of the proposed project (an aerial map may be utilized):
 - a) Front and rear yard setback from property lines.
 - b) Side-yard setbacks from property lines.
 - c) Minimum 10' setback from detached structures (i.e.: garages, sheds, pools)
- 6. **Floor plan** showing all dimensions, label rooms, doors, windows within the addition and all affected areas of the existing house.
- 7. **Wall section** showing a) footing/foundation, b) beam size and span joist size and span, c) stud size and spacing, d) rafter/truss size & spacing, e) insulation thickness\R-value, and any other info requested.
- 8. **Permit Fee:** Fees will be based on the project valuation (See attached -Fee Estimator I). We will calculate the final fees and inform the applicant.

Additional Notes:

- For stairs, the maximum riser height is 7-3/4" and the minimum tread depth is 10".
- Handrails are required for stairs with four or more risers. The handgrip portion of the handrail shall be have a maximum width of 2 5/8" (a 2"x 4" or 2"x 6" flat is not acceptable).
- Guardrails are required for floors, landings or drop offs which exceed 30" in height. They shall be a minimum of 36" high and have a maximum space of 4" between the spindles.

Required Inspections:

1. **Footing-** Inspection after footings are dug and reinforcement is placed, but prior to the placement of any concrete. May be necessary to verify property lines at this point. Min. footing depth= 42".
2. **Foundation-**
 - a. **Foundation Steel-** Inspection after all reinforcement has placed in the wall and prior to any concrete being poured.
 - b. **Foundation Tar, Tile, & Gravel-** Inspection after all damproofing, drainage tile, and gravel over drainage tile has been installed and prior to backfilling.
3. **Plumbing Ground Works-** Any plumbing ground works that will be installed below a concrete slab.
4. **Framing/Electrical/Plumbing/Mechanical (rough-in)-** Inspection after framing, rough plumbing, mechanical, and electrical are completed and prior to covering, insulation or drywall.
5. **Final-** Inspection after all building, electrical, mechanical and plumbing is "trimmed out". Structure should be completed and ready to occupy.



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 #: _____

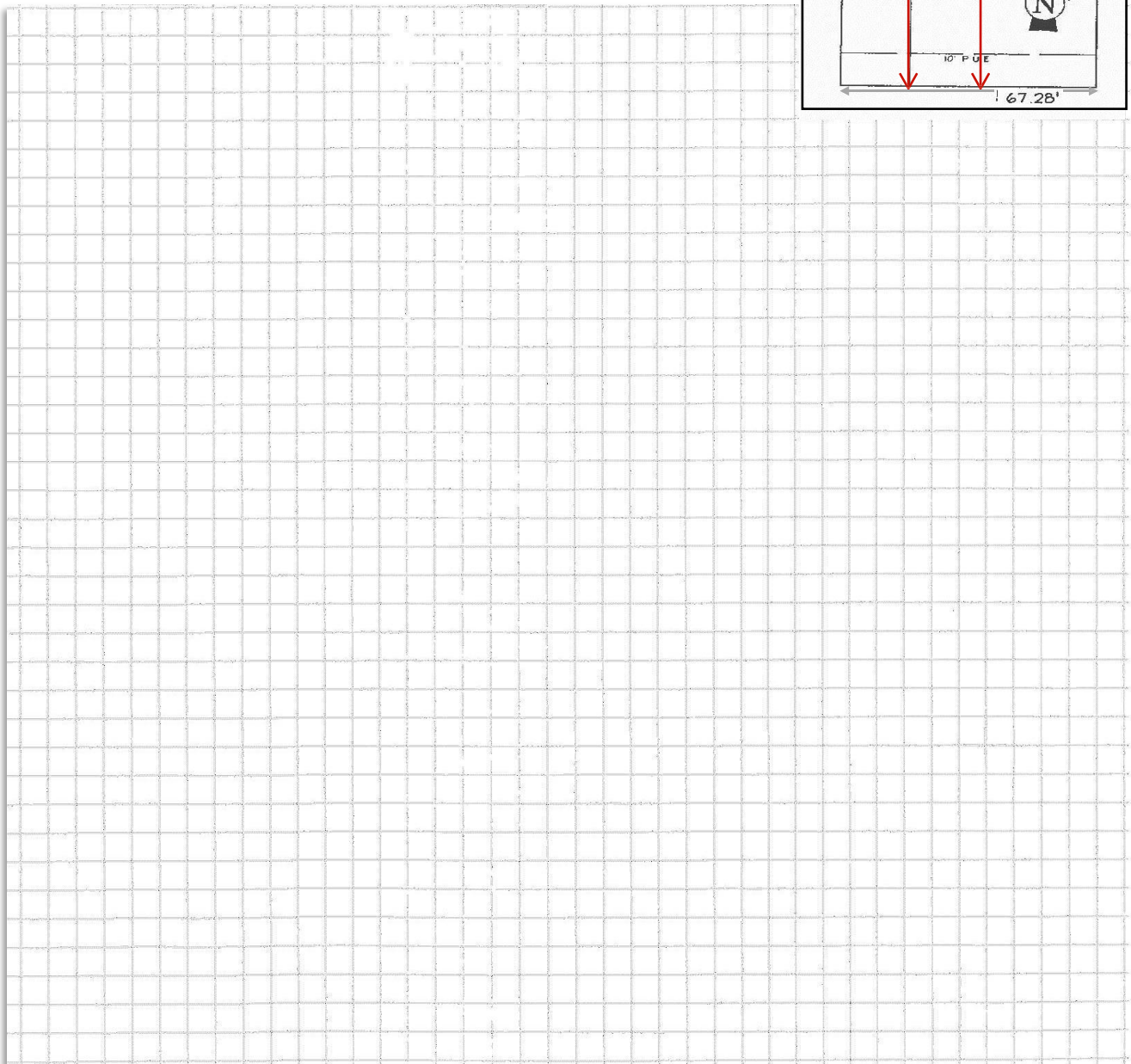
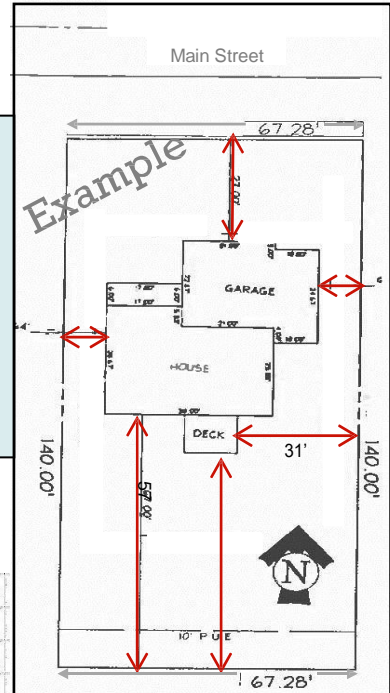
Site Plan – Required

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.

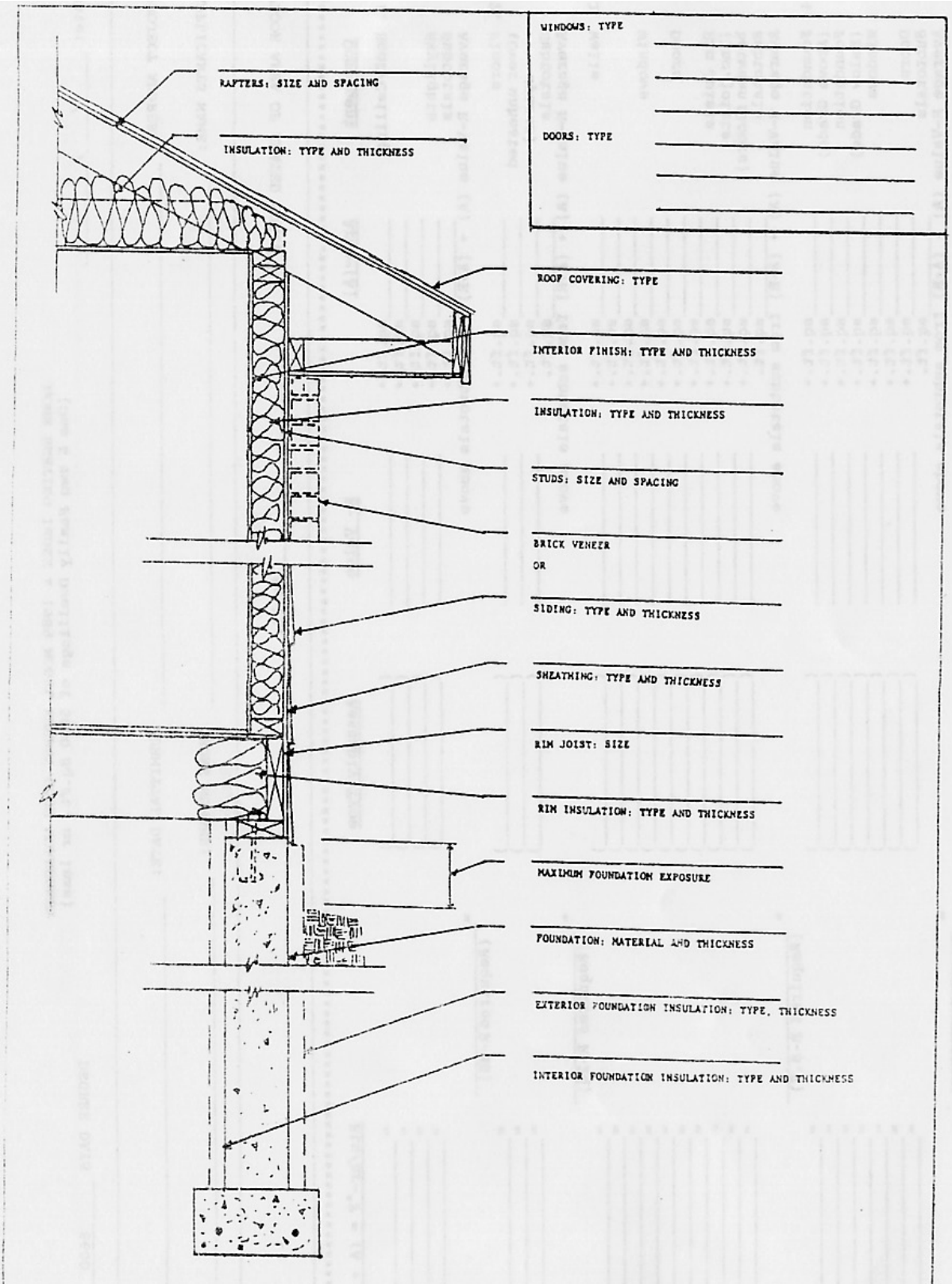
You *must* show these items:

- ❖ 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: _____



Wall Section: Include size and type of material to be utilized on your project





RESIDENTIAL EGRESS WINDOWS: EMERGENCY ESCAPE & RESCUE REQUIREMENTS

- A. All basements in new construction including room additions and every sleeping room shall have at least one operable emergency escape and rescue window or an exterior door opening (i.e. walkout basement).
- B. Existing basements with an egress window or walkout door shall not be required to add an additional egress window in each new sleeping room if: a) the stairway to a grade level floor and the second means of egress (the egress window) are separated by a reasonable distance and b) additional smoke detectors are installed in each area and sleeping room(s) in the basement.
- C. Exception to egress window requirement: Existing basements, constructed or with approved permits before May 1, 2002, which do not have sleeping rooms, but which have other finished areas, shall be provided additional smoke detectors in each area or room. Plus, a smoke detector shall be located on the first floor in an area that covers the path from the top of the stairway to an exterior door.
- D. Dimensions: emergency escape and rescue windows shall have a minimum net clear opening of 5.7 square feet. The minimum height dimension shall be 24 inches. The minimum width dimension shall be 20 inches. The maximum sill height shall not be more than 44 inches above the finished floor.
- E. Sill heights in basements may be measured from an elevated landing, window seat, or similar installation. The structure shall not be less than 36 inches wide, and shall extend at least 20 inches out from the exterior wall, and shall be a maximum 24 inches high. It shall be permanently affixed to the floor and the wall under the window it serves.
- F. Window wells for emergency escape windows shall allow the window to be fully opened. The window well shall provide a minimum net clear area of 9 square feet with a minimum horizontal projection and width of 36 inches (3'x3'). Window wells with a vertical depth greater than 44 inches shall be equipped with a ladder or steps.

Check the category that applies to this project:

- An egress window **will be installed** in the basement of this project.
- An egress window **will be installed in every sleeping room** (bedroom) of this project.
- This project has a walkout door or an egress window in the basement. An additional egress window **will not be installed** in each bedroom, however this project will meet the requirements of item B, listed above.
NOTE: (Installation of an egress window in every bedroom is still recommended).
- This is an existing basement, which does not have a sleeping room. A sleeping room will not be installed as part of this project, and this project will meet the requirements of item C, listed above.

I hereby acknowledge that I have read the emergency escape requirements listed on this page. I have checked the category that applies to this project, and agree to comply with all City ordinances regulating said requirements.

Signature: _____ **Date:** _____

Project Address: _____

The City of
West Des Moines

Development Services
Dept.

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WDM Fire Marshal
515-222-3420



SMOKE & CARBON MONOXIDE ALARM REQUIREMENTS

For Residential Additions, Alterations and Repairs

The International Residential Code (IRC) requires that Smoke Alarms and Carbon Monoxide (CO) Alarms shall be installed within a dwelling unit *per current code requirements* when an Addition, Alteration or Repair requiring a Building Permit is issued for a property including Seasonal and Screened Porches. Exceptions to this requirement include roofing, siding, windows, decks and plumbing or mechanical work.

Smoke Alarms shall comply with NFPA 72, be listed in accordance with UL 217 and installed per the manufacturer's installation instructions. Alarms must be "dual sensor type" as required by the State of Iowa (ionization\photoelectric).

The required locations for are as follows:

- 1) In each sleeping room.
- 2) Outside each separate sleeping area in the immediate vicinity of bedrooms.
- 3) On each story of the dwelling, including basements and habitable attics.
- 4) At least 3' horizontally from the doorway of a bathroom with a shower\tub.

Carbon Monoxide Alarms shall be listed in accordance with UL 2034. Combination CO and smoke alarms shall be listed in accordance with UL 2034 and UL 217. Alarms shall be installed per the manufacturer's installation instructions. The required locations are as follows:

- 1) Outside each separate sleeping area in the immediate vicinity of bedrooms.
- 2) Where a fuel-burning appliance (i.e.: fireplace) is located in a bedroom or its attached bathroom, a CO alarm shall be installed within the bedroom.

Alarms should receive their primary power from the building wiring when possible. New alarms are permitted to be battery powered when installed in conjunction with Additions, Modifications or Repairs to an existing dwelling structure.

I hereby acknowledge that I have read the requirements outlined above and agree to comply with all City Ordinances regulating said requirements on this project.

Signature

Date

Print Name

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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.

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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 _____