

## **Demolition Permit Checklist & Application**

Email application to: bi@wdm.iowa.gov (Effective 7-1-24 through 6-30-25)

ADDRESS:		

## Do I need a Demo permit?

<ul> <li>If you are removing a building, structure, in-ground</li> <li>If you are doing inside demolition of an existing papply for a demolition permit.</li> </ul>	nd tank or well, you need a demolition permit. property for remodeling purposes, you are not required to					
Application Checklist:						
Property Type:   Commercial   Multi-Family	☐ Single Family\Townhome ☐ Ag ☐ Other					
Project:						
☐ Building	☐ Underground Storage Tank					
Swimming Pool	☐ Well					
☐ Septic System	Other					
Structure						
Required Submittal Items:						
1) This Permit Checklist form complete	ed and signed.					
2) A completed <b>Building Permit</b> form (see next page attached).						
structures on the site, staging areas for	eted by the City such as: a Site Plan (showing all equipment and dumpsters, lot lines, fencing locations, struction methods, hazardous waste handling methods					
•	ensed plumber (separate permits are REQUIRED). aded & ground cover has been re-established\seeded.					
<ul> <li>All Contractors should register with the State</li> <li>lowa State Law requires that you notify lowa</li> <li>Call 1-800-292-8989 or 811 or go to www</li> </ul>	One Call before digging:					
<del>-</del>	ements, etc. are strictly the responsibility of the contractor					
<ul> <li>It is recommended to verify zoning and allower</li> <li>It is advised that the adjacent neighbor(s) be</li> </ul>	ed land uses prior to removing existing structures. consulted prior to beginning work.					
and ordinances.	ject will be constructed to meet all other applicable codes					
Applicant Name and Description (contracto	or or owner)					



## **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 informa	ition):		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. f	t. (if applicable): _	
Single Family and Town Home project squ Basement Finished area: Enclosed Deck or Porch (with wind	Unfinished Baser	nent area:	Deck:	
<b>Demolition Projects:</b> Building Structure On	ıly? Yes: No: G	rading land? Yes: No: _	_ Clearing trees	? Yes: No:
Property Owner:				
Street Address	City/State/Zip	)		
Email:		Phone # (	)	
Contractor (if different than the property ow	ner):			
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 con regulating building constructi				
* Separate Electrical, Mechanical, & Plumbin * Permits will expire if the work is not started * Permits may also expire if the project sche * It is the applicant, owner, & contractor's res	I within 6 months, or if the dule or completion date	e applicant does not sched is not met (Extensions may	lule an inspection / be granted by th	for 6 months. e Building Official).
Office Use Only: Received by:	Date:	Reviewed by:		Date:
City calculated valuation: \$				
Fee Receipt No:	Date:	Permit #:		