

**City of Atkins**  
**Building Permit Application**

480 Third Ave. P. O. Box 171, Atkins, IA 52206 Telephone 319-446-7870 FAX 319-446-6003

Application for a Permit to: Build \_\_\_; Alter \_\_\_; Add to \_\_\_; Move \_\_\_; Demolish \_\_\_.  
(Check One)

Owners Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Complete if work is to be done by someone other than owner.

Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Location and description of work to be performed: Re-roof \_\_\_ Electrical \_\_\_

Address: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Size of Building or Addition: \_\_\_\_\_ SQFT Use: \_\_\_\_\_

Substructure: Slab \_\_\_; Crawl Space \_\_\_; Basement \_\_\_; Portable \_\_\_; Post/Pillar \_\_\_; Other \_\_\_

List any other building on property and their use: \_\_\_\_\_

Cost of Project: \$ \_\_\_\_\_

Signature of Applicant

**NOTE: VERTICAL WATER METERS ARE NOT ALLOWED; METER WILL NOT BE INSTALLED IF PLUMBING IS INSTALLED VERTICALLY**

**Office Use Only**

Low Opening Elevation Requirement (new construction only): \_\_\_\_\_

Easements: Y or N Easement Type: \_\_\_\_\_

Permit # \_\_\_\_\_ Property is Zoned \_\_\_\_\_ Date \_\_\_\_\_

Application is \_\_\_ Approved, \_\_\_ Denied

Date: \_\_\_\_\_

**Fees Paid:**

Building Permit: \$ \_\_\_\_\_

Water Connect Fee \$ \_\_\_\_\_

Sewer Connect Fee \$ \_\_\_\_\_

Total Fees: \$ \_\_\_\_\_

\_\_\_\_\_  
Jerry Michael, Building Inspector  
Cell 319-551-3610

\_\_\_\_\_  
Amber Bell, City Clerk  
DaShawn Wilson, Deputy Clerk

**DETAILED DRAWING OF IMPROVEMENT AND LOCATION ON PROPERTY MUST BE PROVIDED ON BACK OF THIS FORM. SIDEWALKS MUST MEET THE REQUIREMENTS OF THE ATKINS SIDEWALK ORDINANCES**

**SITE PLAN**

**Show street name (s), Building distance from lot lines and distance between other buildings on the lot, if any. Indicate which direction is North.**

