City of New Richland
Building Permit/Application

Applicant Complete Information Below

<table>
<thead>
<tr>
<th>PROJECT ADDRESS</th>
<th>OR PID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROPERTY OWNER</td>
<td>PHONE #</td>
</tr>
<tr>
<td>ADDRESS</td>
<td>CITY</td>
</tr>
<tr>
<td>GENERAL CONTRACTOR</td>
<td>LICENSE #</td>
</tr>
<tr>
<td>PLUMBING CONTRACTOR</td>
<td>LICENSE #</td>
</tr>
<tr>
<td>MECHANICAL CONTRACTOR</td>
<td>I BOND#</td>
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Proposed Use [check one]:
- Dwelling
- Private Garage
- Furnace
- Three Season Porch
- Home Addition
- Finish Basement
- Fire Place
- Business/Commercial
- Siding
- Other

DESCRIPTION OF PROJECT:

DIMENSIONS USE AND OCCUPANCY ESTIMATED VALUE LOT SIZE/DIMENSIONS EXISTING STRUCTURE SQ FT

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. 24 hour advance notice on all inspections.

NAME [please print]
ADDRESS
CITY
STATE
ZIP CODE
SIGNATURE
DATE
PHONE #

City Use Only

PLANNING:

ZONING DISTRICT MINIMUM SETBACKS REQUIRED Front Side Rear
Road Right of Way Other:

REVIEWS BY

DATE

SUBJECT TO THE FOLLOWING CONDITIONS:

BUILDING:

REVIEWS BY

DATE

SUBJECT TO THE FOLLOWING CONDITIONS:

For Inspections call: 1-877-333-5620 Twenty-four hour notice required.

Fees

<table>
<thead>
<tr>
<th></th>
<th>Building Permit</th>
<th>Plan Review</th>
<th>State Surcharge</th>
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<tbody>
<tr>
<td>Plumbing Permit</td>
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<tr>
<td>Mechanical Permit</td>
<td>Plan Review</td>
<td></td>
<td>State Surcharge</td>
</tr>
<tr>
<td>Other:</td>
<td>Total Permit</td>
<td>Total Plan Review</td>
<td>Total Surcharge</td>
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</table>

TOTAL DUE: Date Issued: Issued By: Receipt #

White: City's Copy
Pink: Assessor's Copy
Yellow: Inspector's Copy
Gold: Applicant's Copy