



Building Department Phone: 319-248-1720 Fax: 319-248-1894

## **BUILDING PERMIT APPLICATION**

Building Permit Application Shall Include Both:			Date:	
• (2) Sets of printed plans submi	itted to: Co	oralville Bui	Iding Department	
Send electronic plans and supplementary	porting do	cuments to:	submittals@coralville.org	
Site Address:			🗆 Lo	ocated in a floodway/floodplai
Lot & Subdivision:				
Owner/Applicant:				
Street Address:				
City:				
E-Mail:			Phone:	
General Contractor:			State Registration #:	Expires:
Address:				
City:				Zip:
E-Mail:				-
Plumbing Contractor:				
Mechanical Contractor:			State License #:	New On File
Electrical Contractor:				
Project Description:			ensing and Inspection Prog	
			•	cy Group:
Type of Heating System: ☐ Ga	as-Forced	I Air ∐Ge	o-Thermal – <u>site plan attached</u>	☐ Other
Submit: Construction Site	Run-off A	pplication -	new construction	☐ Energy Audit − <u>if required</u>
Total Valuation of Project:				
(Exc	clude cost	s for land. In	clude electrical*, plumbing and	l mechanical)
Contact Person:			Phone:	
E-Mail:				
To be completed by staff:				pleted by staff:
s this project subject to:	Yes	No		
Iowa Architectural Law?				
Flood Plain regulations ?			Lot Area:	
Site-plan review Ordinance				
Is site-plan checklist attached?			Other:	
Is a Code Block Required ?			Staff Initials:	
Is a Code Block provided ?				