

**BUILDING SAFETY DIVISION - CITY OF CLINTON, IOWA****PERMIT APPLICATION****DETACHED ACCESSORY BUILDING****ADDRESS** (where work is being completed): **Apt #:****CONTRACTOR INFORMATION:**

Contractor Name		
State License #		
Address		
City, St. Zip		
Phone		Email:

CUSTOMER INFORMATION:

Customer Name		
Address		
City, St. Zip		
Phone #		Email:

CITY USE ONLY**Inspections**

- ☐ Zoning
- ☐ Footing
- ☐ Foundation
- ☐ Framing
- ☐ Roof
- ☐ Cover
- ☐ Final

Official's Signature**Permit approved:** ☐**Date:****Fee:** ☐ **Paid**

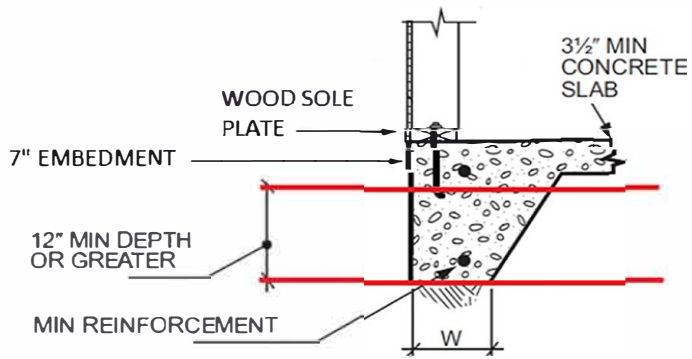
Type of Occupancy: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial	
<input type="checkbox"/> Constructed on Site	<input type="checkbox"/> Placed on Site
Cost of the project (labor and materials):	
<input type="checkbox"/> Customer designed plans	<input type="checkbox"/> Purchased plans package
Length and width dimensions: Square feet:	
Is the building conditioned (heated or cooled)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Footing type: <input type="checkbox"/> Frost protected <input type="checkbox"/> Slab with turned down footing	
6 mil concrete slab floor vapor barrier: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sill type: <input type="checkbox"/> Wood sole <input type="checkbox"/> Concrete curb <input type="checkbox"/> Masonry block curb	
Foundation anchorage: <input type="checkbox"/> Bolts- 7" embedment <input type="checkbox"/> Other:	
Wall height: Wall stud dimension: 2x Roof peak height:	
Wall insulation: R- <input type="checkbox"/> No Attic insulation: R- <input type="checkbox"/> No	
Wall sheathing type: Thickness: Wall siding:	
Garage door size: Garage door header dimensions:	
Door header dimensions: Window header dimensions:	
<input type="checkbox"/> Engineered trusses <input type="checkbox"/> Rafters: Spacing: o.c.	
Roof pitch: Roofing material type: <input type="checkbox"/> Asphalt <input type="checkbox"/> Metal	
Ice barrier: <input type="checkbox"/> Yes <input type="checkbox"/> No Underlayment type:	
<input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing	
Property lines marked: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Reviewer's Notes:

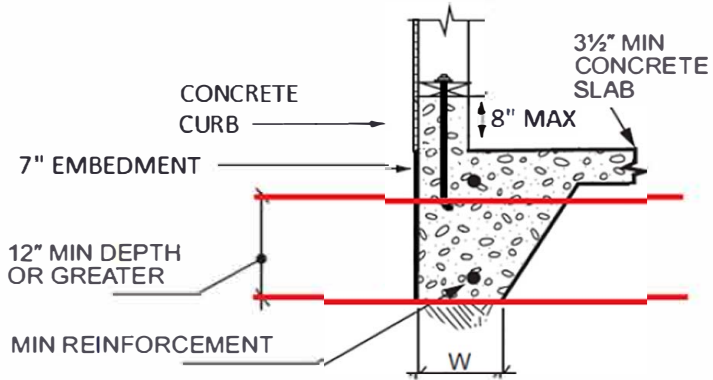
By signing below, I agree to perform all work in accordance with the adopted codes of the City of Clinton and State of Iowa.

Owner/Agent Name _____ Signature _____ Date _____

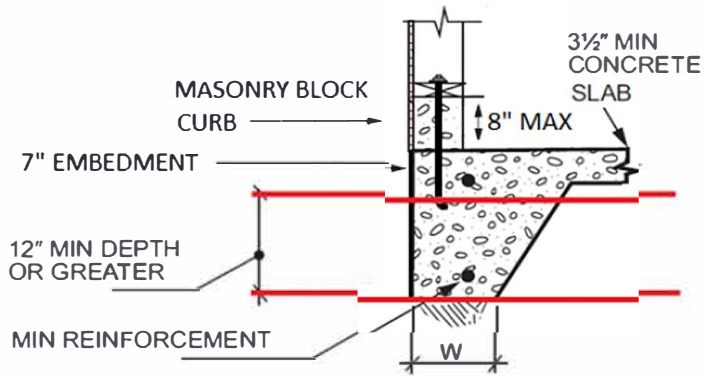
NOTICE OF YOUR RIGHT TO APPEAL: Any person having a legal interest in the property listed above may appeal the findings and order contained herein to the City of Clinton's Housing Board of Appeals. Such appeal shall be in writing and shall be filed with the Code Official **within 20 days** from the date of this Notice. Failure to appeal in the time specified will constitute a waiver of all rights to an administrative hearing.**LIEN NOTICE:** If you fail to correct these violations, any action taken by the City of Clinton to bring property into compliance, whether as permitted by applicable Code Sections or as authorized by a Court of competent jurisdiction, may be charged against the real estate upon which the structure is located and shall be a lien upon such real estate.



TURNED-DOWN FOOTING



TURNED-DOWN FOOTING



TURNED-DOWN FOOTING