## **CITY OF BURT**

119 Walnut Street, P.O. Box 197 Burt, Iowa 50522-0197 Office (515)924-3618 Fax (515)924-3860 cityclerk@burtiowa.com Office of Mayor and City Council

## **APPLICATION**

## **BUILDING PERMIT**

Name	Location for permit work
Nature of work for which permit is sought	
Name of Plumber	Electrician
Carpenter	Construction company
Have other permits be	en acquired?
 Date(s) of work	
Proposed use of prope	rty
Detailed plans provide	ed
Applicant acknowledg	ges that they must supply the city with adequate proof of location of lot lines
when reasonable doub	ot exists.
Date Issued:	Signed, Applicant
Signed,	
	and
Mayor	and City Superintendent

**City Superintendent** 

## **Plans and Specifications Required**

- 2.) Flat line drawing to scale showing
  - a. Existing lot lines and dimensions
  - b. Known address
  - c. Existing buildings on lot
  - d. Setbacks on existing buildings and proposed buildings
  - e. Location of proposed buildings
- 2.) Type of building proposed including
  - a. Design
  - b. Materials
  - c. Builder