



**CITY OF CLIVE**  
 1900 NW 114<sup>th</sup> Street  
 Clive, IA 50325-7077  
 Phone (515) 223-6221  
 www.cityofclive.com

# BUILDING PERMIT APPLICATION

*All information must be provided, if applicable, and must be legible. The project will not be reviewed unless all required information and documents are submitted.*

APPLICATION DATE
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**PROJECT INFORMATION**

PROJECT ADDRESS / SUITE NO. (if applicable)	GENERAL PERMIT #2 AUTHORIZATION #
BUSINESS / OWNER NAME	PROJECT DESCRIPTION
BUSINESS / OWNER CONTACT PHONE	
BUSINESS / OWNER CONTACT E-MAIL	PROJECT VALUATION (Commercial projects only)
BUSINESS CONTACT NAME	WILL CHANGES TO THE ALARM SYSTEM BE MADE? <input type="checkbox"/> Yes <input type="checkbox"/> No
BUSINESS CONTACT PHONE	WILL CHANGES TO THE SPRINKLER SYSTEM BE MADE? <input type="checkbox"/> Yes <input type="checkbox"/> No
BUSINESS CONTACT E-MAIL	<b>BUILDING SQ. FT.</b> Level 1 _____ Level 2 _____ Deck _____ Garage _____ <b>BASEMENT SQ. FT.</b> Finished _____ Unfinished _____ <b>OTHER</b> _____ _____
<b>CONTRACTOR INFORMATION</b>	
COMPANY NAME	
ADDRESS	
CITY, STATE, ZIP	<b>LICENSE INFORMATION - Please note that as of January 1, 2020, individual trade permits are no longer needed for projects with a building permit issued by the City of Clive. Additionally, ensure the contractor's license is provided, NOT the individual license #.</b>
PHONE	
PROJECT CONTACT	
PROJECT CONTACT PHONE	PLUMBING CONTRACTOR NAME
PROJECT CONTACT E-MAIL ADDRESS	ADDRESS
<p>*I agree to comply with all city ordinances and state laws regulating building construction. *I acknowledge that I have read this application and attest that the information supplied is correct. *I understand that this permit will be null and void if authorized work has not started within 90 days or if work is suspended for 60 days. A Request for Building Permit Extension must be submitted a minimum of one week prior to the expiration date.</p> <p>_____</p> <p>Please print Owner or Authorized Agent's Name</p> <p>_____</p> <p>Signature of Owner or Authorized Agent</p>	PHONE #
	CONTRACTOR LICENSE #
	MECHANICAL CONTRACTOR NAME
	ADDRESS
	PHONE #
	CONTRACTOR LICENSE #
ELECTRICAL CONTRACTOR NAME	
ADDRESS	
PHONE #	
CONTRACTOR LICENSE #	