



Application for Commercial Building Permit

City of Cedar Falls, Iowa

Job Site Address _____ Date _____

Occupancy Type _____

Construction Type:

New Construction Addition Remodel Deck Repair Detached Accessory

Owner's Name _____ Phone _____

General Contractor _____

Phone _____ Email _____

Mechanical Contractor _____

Electrical Contractor _____

Plumbing Contractor _____

Insulation Contractor _____

Description of Work:

Number of Stories Above Grade _____ Square Footage _____

Below Grade: Full Basement Crawl Space Slab Other _____

Sprinkled Yes No Fire Alarm Yes No

Estimated Completion Date _____

Construction Details:

Framing	<input type="checkbox"/> N/A		
	Size	Spacing	Span
Interior Wall			
Exterior Wall			
Floor Joist			
Ceiling Joist			
Girder/Beam			
Rafters			
Subfloor			
Roof Sheathing			
Roof Pitch			
Other			

Wall Covering/Finish	<input type="checkbox"/> N/A	
	Type	Thickness
Interior Wall		
Exterior Siding		
Ceiling		
Roofing		
Other		
Concrete	<input type="checkbox"/> N/A	
Footing (Size/Depth)		
Foundation (Width/Height)		
Piers (#/dia/depth)		

Print Name

* _____

Signature

\$ _____

Estimated cost of construction (To include labor, material, mechanical, electrical, plumbing, etc.)

Estimated completion date.

**As contractor, I certify that I have the required certificate of insurance as per Cedar Falls Ordinance 7-27Section 104.2 (for office use only)*

Received by _____ Date _____ Zoning Approval _____ Date _____

Reviewed by _____ Date _____ Calculated Value \$ _____

SWPPP \$ _____ Land Use \$ _____ Plan Review \$ _____ Permit \$ _____

Total Fee \$ _____ Payment _____ Permit # _____