

515 Clark Avenue Ames, IA 50010 Phone 515.239.5153 Fax 515.239.5404 inspections@cityofames.org

## **RESIDENTIAL INTERIOR REMODEL**

SUBMITTAL DOCUMENTS					
	Building Permit Application				
	<ul> <li>Detailed building plans showing:</li> <li>Dimensioned floor plan of existing space showing all rooms labeled as to use including all doors and windows</li> <li>Dimensioned floor plan of proposed space showing all rooms labeled as to use including all doors and windows</li> <li>If creating a new bedroom, show location and size (net clear opening - height and width) and dimension from window sill to finished floor of all egress windows</li> <li>If creating a new bathroom, show the location of all new fixtures and clearances between each fixture</li> <li>If building new walls, show size and spacing of framing members</li> <li>Show location and details of any new structural members</li> <li>Indicate finished ceiling height</li> <li>Show existing stairway dimensions - width, rise, and run</li> <li>If installing new handrails, show profile shape, and indicate mounting height</li> <li>If installing new guardrail, show height and spacing</li> </ul>				
	Additional Homeowner Permit Applications, if owner-occupant intends to perform any electrical, mechanical, or plumbing work				
	A Certificate of Appropriateness may be required if the property is in the Historical District (application materials are available through the Department of Planning and Housing)				
	Additional information as necessary to ensure safe and code compliant construction – you will be informed of any required additional information when your application and plans are reviewed				



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## **BUILDING PERMIT APPLICATION**

## \*CONSTRUCTION PLANS MUST BE SUBMITTED WITH THE BUILDING PERMIT APPLICATION\*

Project Address					
Project Description					
roject Square Feet Project Valuation (Required)					
Note: The Project Valuation shall incluissued, including electrical, gas, mec Building Official, the valuation is unde the Building Official.	hanical, plumbing equi	pment and permane	nt systems. If, in th	e opinion of the	
Applicant is:     Property Own	ner 🗆 Tenant	☐ Contractor	☐ Architect	☐ Engineer	
Name		Phone	Phone		
Company	Email				
Mailing Address					
If contractor, provide property o	wner or tenant nam	ie			
If contractor, provide Iowa Divisi	on of Labor Contrac	tor Registration No	)		
Subcontractors who will also wo		Med	chanical		
Applicant Signature		Dat	e		