

Town of Iowa

CALL FOR INSPECTIONS 3337-886-6069

COMMERCIAL BUILDING PLAN REVIEW APPLICATION

Plan Review Permit # _____

Project Name: _____

Project Location: _____

Owner: _____

Owner's Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone #:** _____

As applicable...

Architect/Engineer: _____

Phone #: _____

Plan Review Fee

Total Amount
_____ = _____ **Number of Pages x \$10.00 per page (minimum \$100.00)**

Total Plan Review Fee \$ _____

Paid by: _____ **Money Order** _____ **Check #** _____

Applicant Signature: _____ **Date:** _____

City Official: _____ **Date:** _____

*****Note*** Permit will expire 180 days after issue date.**