

City of Decorah Building Inspections Department

400 Claiborne Drive / P.O. Box 138

Decorah IA. 52101

Phone: (563) 382-3651

www.decorahia.org

Date Rec'd _____

Permit No. _____

Permit Fee: _____

Tapping Application/Permit

OWNER IS RESPONSIBLE FOR CONTACTING DECORAH WATER DEPARTMENT AT 563-382-5171 PRIOR TO COMMENCEMENT OF WORK.

A permit **MUST** be issued prior to commencement of work.

Please return to the City of Decorah Building Department or via email to gswanson@decorahia.org.

Project address: _____ Addition _____ Block _____ Lot _____ Zone _____

Permit Applicant. Owner Plumber Contractor

Property Owner _____

Address _____ City/State/Zip _____

Phone _(_____) _____ Email _____

Plumber/Contractor (if not Property owner) _____

Address _____ City/State/Zip _____

Phone _(_____) _____ Email _____

State License/ID # _____

Description of Work: _____

Class of Work. New Addition Remodel Repair Residential Commercial Other

Type of Building _____

Tapping Requested: Water (\$250.00) Sewer (\$250.00)

Notice: I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provision of any other state or local law regulating construction or the performance of construction. Any unapproved construction made herein shall make the application invalid. Work to commence within 6 months of date of this application. Connection to be made in compliance with the International Plumbing Code and the Decorah city code. For condominium construction, a separate shut off valve for water service for each unit is required as per code chapter 13.16.110

Signature of Owner/Contractor _____ Date _____ Building/Zoning Approval _____ Date _____

For office use only

Special approvals needed:

Zoning: _____ Water Dept.: _____ Street Dept.: _____