

# City of Winterset

## RESIDENTIAL TRADE PERMIT

Permit No. \_\_\_\_\_

124 W. Court Ave., Winterset, IA 50273 | Ph: 515 462-1422 Fax: 515 462-1963 | dbarden@cwmu.net

Check all that apply

**TYPE OF PERMIT:**  **Plumbing**  **HVAC**  **Electric**

**Call V&K at (515) 850-2980 to Schedule an inspection**

<b>JOB ADDRESS</b>		<b>APPLICANT</b>	
Street Number/Name:		<input type="checkbox"/> Contractor/Company or <input type="checkbox"/> Homeowner	
Owner/Tenant Name:		Name: _____ State License # _____	
Phone Number:		Phone Number: _____	
		Email Address: _____	
		Postal Address: _____	
		City /State/Zip: _____	

### **DESCRIPTION OF WORK TO PERFORM**

SIGNATURE OF OWNER/AGENT:

 X

DATE: \_\_\_\_\_

PLUMBING \$75	\$ _____	Amount Paid: \$ _____
HVAC \$75	\$ _____	Check #: _____
ELECTRIC \$75	\$ _____	Initials: _____
<b>TOTAL</b>	\$ _____	Stamp
Submit application and fee to City Hall		

Special Notes:

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Building Official

Permit shall expire if work is not commenced within 180 days or if work is abandoned for 120 days. It is the responsibility of the permittee to call for all Inspections – Phone 515-850-2980. 24-hour notice is required. Permits are non-transferable. All work shall be performed by permittee or its employee. The person who pulls the permit is responsible for setting up inspections.

May 2022

**WINTERSET MUNICIPAL UTILITIES  
APPLICATION FOR UTILITY SERVICE  
ELECTRIC & WATER**



Date: \_\_\_\_\_ Service requested by: \_\_\_\_\_

New Service Address: \_\_\_\_\_

**Contact Information** (for questions regarding this application)

Name (please print): \_\_\_\_\_

Phone(s): \_\_\_\_\_

**Billing Information** (name and address where charges relating to new services are to be sent)

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone(s): \_\_\_\_\_

**Contractor Information** (please print the name and phone #'s for the following)

General: \_\_\_\_\_

Electric: \_\_\_\_\_

Plumbing: \_\_\_\_\_

**Service Requested**

Electric:  Underground  Overhead  Temporary Required (Y/N)

Water: \_\_\_\_\_

**Additional Information**

**OFFICE USE**

Received by Electric Department: \_\_\_\_\_ Service on: \_\_\_\_\_

Received by Water Department: \_\_\_\_\_ Service on: \_\_\_\_\_

**PLEASE ALLOW A MINIMUM OF FIVE (5) BUSINESS DAYS FOR ALL REQUESTS TO  
ALLOW FOR SCHEDULING AND LOCATES. THANKS FOR YOUR COOPERATION**