



CITY OF WINTERSET

COMMERCIAL TRADE PERMIT

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

PROJECT ADDRESS:	Date:	
Contractor:	Phone:	State Lic. No.
Address:	City/State/Zip:	State Lic. No.
<input type="checkbox"/> Commercial	Contractor E-mail Address:	
Building Owner Name:	Phone:	

		Describe below	No.	Unit Fee	Total
PLUMBING	Water Service	Describe:		\$6.00 ea.	
	Building Sewer			\$6 per 100ft	
	Storm Sewer			\$6 per 100ft	
	Secondary Meter	CONTACT CITY HALL FOR INFO			
	Water Heater			\$8.00 ea.	
	Fixtures			\$6.00 ea.	
	Stacks			\$6.00 ea.	
	Gas Piping Outlets			\$2.00 ea.	
	Basic Fee.				\$70
ELECTRICAL	Meter Boxes	Describe:		8.00 ea	
	Circuits	\$3.00ea then \$1.50 after 1st 10 circuits		3.00 ea	
	Openings/Devices			\$1.00 ea	
	Fixed Appliances	Range, Furnace, A/C, Dryer, Heater etc...		\$5.00 ea	
	Main Panel or Solar or Generator			\$30.00 ea	
	Basic Fee				\$70
MECHANICAL	Furnace	Describe:		\$12.00 ea.	
	A/C or Refrig Units			\$10.00 ea.	
	Boiler			\$12.00 ea.	
	Water Heater			\$8.00 ea.	
	Hoods, Type I Type II			\$6.00 ea.	
	Fire Dampers			\$10.00 ea.	
	Gas Pipe Openings			\$2.00 ea	
	Items not classified above			\$6.00ea	
	Basic Fee				\$70

Permits shall expire after 12 months or if work is abandoned for 120 days or failure to begin within 180 days.

Contractor is required to call Veenstra & Kimm for all inspections, 24hr notice required.

Questions concerning this application should be directed to Veenstra & Kimm Inc. at 515-850-2980 or email to: BuildingInspection@v-k.net.

Submit completed forms and any building plans to Winterset City Hall dbarden@cwmu.net

TOTALS

X _____ Date: _____ X _____ Date: _____
BUILDING OWNER OR CONTRACTOR BUILDING OFFICIAL - APPROVAL

**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**