

City of  
**WEST LIBERTY**

409 N. Calhoun Street – West Liberty, IA 52776  
 Phone: (319) 627-2418 Fax: (319) 627-4847  
 Email: wlcity@Lcom.net

**MECHANICAL APPLICATION AND PERMIT**

Building Address \_\_\_\_\_  
 Owner \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mechanical Contractor \_\_\_\_\_  
 Contractor Address \_\_\_\_\_ Phone: \_\_\_\_\_  
 Date \_\_\_\_\_ Lic # \_\_\_\_\_ IA Contractor Reg. # \_\_\_\_\_

**Permit Fees**

<u>Dollar Volume of Work</u> *~	<u>Fee</u>
1. \$1 – 1,500	\$ 50.00 *
2. \$1,501 – 5,000	75.00
3. \$5,001 – 25,000	100.00
4. \$25,001 – 50,000	125.00
5. \$50,001 – 75,000	150.00
6. \$75,001 – 100,000	175.00
7. \$101,000 – 125,000	200.00 +

\* residential rates only – commercial to be 1.5 times these amounts  
 ~ inspection fee is \$30  
 + Add \$25.00 per every \$25,000 of valuation thereafter

Description of Work: \_\_\_\_\_

Your contract price: \$ \_\_\_\_\_ Permit Fee: \$ \_\_\_\_\_  
 + Inspection Fee: \$ 30.00

NOTICE: Separate permits are required for building, plumbing, electrical or signs. This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. A License and Permit Bond in the amount of \$5,000 is required for all contractors performing work in the City of West Liberty

*I agree to perform the work described herein in accordance with the plans and/or specifications submitted, and with all provisions of the Mechanical Code of the City of West Liberty*

**Total Fee** \_\_\_\_\_

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

\_\_\_\_\_  
*Signature of Applicant* *Date*

\_\_\_\_\_  
**Date**

**Approved:** \_\_\_\_\_

**A PERMIT MUST BE ISSUED PRIOR TO COMMENCEMENT OF WORK.**