WATER HEATER REPLACEMENT APPLICATION

City of Grinnell
520 4th Avenue
Grinnell, IA 50112

1. JOB ADDRESS			
LEGAL DESCR	LOT NO.	BLK.	TRACT
2. OWNER	MAILING ADDRESS		PHONE
3. CONTRACTOR	MAILING ADDRESS		PHONE
4. ARCHITECT	MAILING ADDRESS		PHONE
5. ENGINEER	MAILING ADDRESS		PHONE
6. USE OF BUILDING:			
8. DESCRIBE WORK:			

VALUATION (Must be included for permit to be processed): $_____ **Valuation of Materials and Labor (if completed by the owner valuation = materials x 2):**	**PERMIT FEE** Residential Units_____ x $50.00 = _____ Commercial Units_____ x $65.00 = _____

_____ License Number _____
Signature of Contractor or Authorized Agent Date

_____
Signature of Owner (If Owner is Builder) Date

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PERMIT FEE	ADD. FEES & PENALTIES	TOTAL FEES	VALIDATION	DATE	RECEIPT #