



The City of Grand Mound
CITY CODE 135.10 Permit Application
Parking or Terrace (Boulevard) Alterations

Name of Property Owner: \_\_\_\_\_

Mailing address of applicant: \_\_\_\_\_

Phone Number of applicant: \_\_\_\_\_

Street Address & Full legal description of the site to be excavated, paved, or altered: \_\_\_\_\_

Statement of purpose for alteration, for whom, and by whom: \_\_\_\_\_

Name and Phone Number of the person who is responsible for completing said alteration and restoration of the parking or terrace surface: \_\_\_\_\_

Date of commencement of the work: \_\_\_\_\_ Estimated completion date \_\_\_\_\_

Specifications of the alterations to occur, including surface material to be used and a plan for allowing for the flow of storm water along the parking or terrace to not be hindered: \_\_\_\_\_

Type of work to be completed: (Mark all that apply)

Excavation \_\_\_ (permit required) Paving \_\_\_ (Material Type \_\_\_\_\_)

Alteration to Grade \_\_\_ Topping with road rock without alteration to the existing grade \_\_\_\_\_

I hereby certify that the information provided on this application is accurate. I understand that the permit will be issued on that basis and that all uses will comply with the standards outlined in Chapter 135 Street Use and Maintenance Code of Ordinances for the City of Grand Mound, Iowa, which is available from the City Clerk or online at www.cityofgrandmound.org . The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law, ordinance, or regulation. Violation of any of these ordinances or laws shall result in the revocation of the permit.

By my signature, I certify that I have read and understand the conditions of this permit, and I am the authorized agent for the organization applying for this permit.

\_\_\_\_\_(Signature of Authorized Agent) \_\_\_\_\_(Date)

\*\*\*Call 1-563-579-1125, 24hrs in advance of backfill, to schedule an inspection by the City\*\*\*

OFFICE USE ONLY

Permit is: APPROVED \_\_\_ DENIED \_\_\_ Date: \_\_\_\_\_ PW Signature: \_\_\_\_\_

Backfill is Approved: \_\_\_ DENIED \_\_\_ Date: \_\_\_\_\_ PW Signature: \_\_\_\_\_