



CITY OF  
**GRIMES**  
DEVELOPMENT SERVICES

410 SE Main Street, Suite 102 , Grimes, Iowa 50111

P: 515.986.4050

**DECK PERMIT  
APPLICATION**

Submittals may be emailed to: [rgreving@grimesiowa.gov](mailto:rgreving@grimesiowa.gov)

Or delivered to:

410 SE Main Street, Suite 102

Grimes, Iowa 50111

**Incomplete applications may delay plan review and permit approval.**

# Deck Permit



## Application Form

### **Project Information:**

Project Address: \_\_\_\_\_ County: \_\_\_\_\_

Description: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_ Material: \_\_\_\_\_

Footing Size: Width: \_\_\_\_\_ Depth: \_\_\_\_\_

### **Property Owner:**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contact

### **Contractor:**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contact

The City does not enforce or track covenants. I hereby certify that I have checked and there are no restrictive covenants that would prohibit this construction.

Initials: \_\_\_\_\_

I hereby acknowledge that I have read this application and state that the information given above is correct and agree to comply with all City ordinances and state laws regulating building construction.

\_\_\_\_\_  
**Signature of Property Owner or Authorized Agent**

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

Attach a drawing of the proposed deck. Please include the location of the deck, measurement of the distance from the deck to property lines, any existing structures, alleys, sidewalks, trails, and streets, utility boxes, storm flowage easements, or storm drains on property. Please also include footing spacing, post size, beam size, joist span, joist spacing.