

RETAINING WALL PERMIT APPLICATION

POTTAWATTAMIE COUNTY, IOWA
OFFICE OF PLANNING AND DEVELOPMENT
BUILDING & SAFETY DIVISION

COURTHOUSE ANNEX
223 SOUTH 6th STREET, SUITE 4
COUNCIL BLUFFS, IA 51501-4245
TELEPHONE: (712) 328-5847
FAX: (712) 328-4731
INSPECTION REQUEST: 328-5846
WWW.POTTCOUNTY.COM

Receipt Number:	Total Permit Amount:	Permit Number:
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Job Address		Parcel Number
Property Owner		Phone
Property Owner Mailing Address		
Contractor		Phone
Contractor Mailing Address	Construction Valuation	State Registration #:

Property Type/Use: Commercial Residential Multi-Family Other _____

Class of Work: New Addition Alteration Repair Replacement

The wall/fence as described below is totally within the boundaries of the property. Yes NO

The wall/fence as described below is located on the property line. Yes No

See the attached notarized authorization letter from the adjacent property owner. Yes No (If Required)

GENERAL DESCRIPTION OF WORK: <i>(If additional space is needed attach sheet)</i>	<input type="checkbox"/> PLANS ATTACHED
	<input type="checkbox"/> NO PLANS

_____ Lineal Feet @ 6' and Higher x \$3.75 = _____ Valuation

_____ Lineal Feet @ 4' and Higher x \$2.75 = _____ Valuation

Note: Wall measured in overall height from bottom of footing to finished top of wall.

Permit Fee: \$ _____

Bldg Plan Review Fee: \$ _____

Total Fee: \$ _____

IMPORTANT-PLEASE READ BEFORE SIGNING!

I have indicated all natural and man-made water courses which may have impact on or be impacted by the proposed retaining wall, block wall or fence. I understand and agree that should the County determine that this retaining wall, block wall or fence be detrimental to the safe flow of any water course, this permit will be rendered invalid immediately. I further agree that if I fail to adhere to the above requirements, the retaining wall, block wall or fence may be abated, removed or altered at my expense. I certify that I have read this Application and state that the above information is correct. I agree to comply with the County ordinances and state laws relating to building construction.

Applicant Signature: _____ Date: _____

Zoning Review By:	Date:
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Building Plan Review By:	Date:
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Issued By:	Date:
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INSPECTION IS REQUIRED BEFORE COVER-UP AND AT COMPLETION

Inspection Requests: It shall be the duty of the holder of the building permit or their duly authorized agent to notify the Building & Safety Division when work is ready for inspections.

- Inspections should be scheduled and recorded before 5:00 p.m. the day before the inspection is requested.
- After Hours, Weekend and Holiday Inspections should be scheduled and the appropriate fee must be paid at least two-days before the required inspection date.
- All inspections should be called in and recorded using the County Inspection Request Message System (CIRMS) at (712) 328-5846.
- AM scheduled inspections will be performed from 8:00 a.m. to 12:00 noon.
- PM scheduled inspections will be performed from 12:00 noon to 4:00 p.m.
- Any special requested inspection time will need to be pre-approved by your scheduled Inspector, the day before.

Contact Information

Building & Safety Division
Office Hours: 8:00 a.m. to 4:30 p.m.
Inspection Request Line: (712) 328-5846
Main Phone Line: (712) 328-5847
Fax Line: (712) 328-4731
Website: www.pottcounty.com

****EXAMPLE ONLY****

250 Total Linear Feet. @ 4' to 6' High x \$2.75 = \$687.50 Permit Valuation

BUILDING PERMIT FEE SCHEDULE (Title 1.50.105)

TOTAL VALUATION	FEE
\$1 to \$500	\$ 23.50
\$501 to \$2,000	\$ 23.50 for the first \$ 500.00 plus \$ 3.05 for each additional \$ 100.00, or fraction thereof, to and including \$ 2,000.00
\$2,001 to \$25,000	\$ 69.25 for the first \$ 2,000.00 plus \$ 14.00 for each additional \$ 1,000.00, or fraction thereof, to and including \$ 25,000.00

Lineal Feet to Square Footage

250 Total Linear Feet @ 4' to 6' High x \$2.75 = \$687.50 Permit Valuation

Proposed Total Permit Valuation of \$687.50

For the first \$500.00 = \$23.50, plus \$3.05 for each additional \$100.00 or fraction thereof...

(\$687.50 - \$500.00 = \$187.50) (\$687.50 = 6.88 X \$3.05) = \$20.98 + \$23.50 = \$44.48) [NOTE: ROUND TO THE NEAREST \$.25]

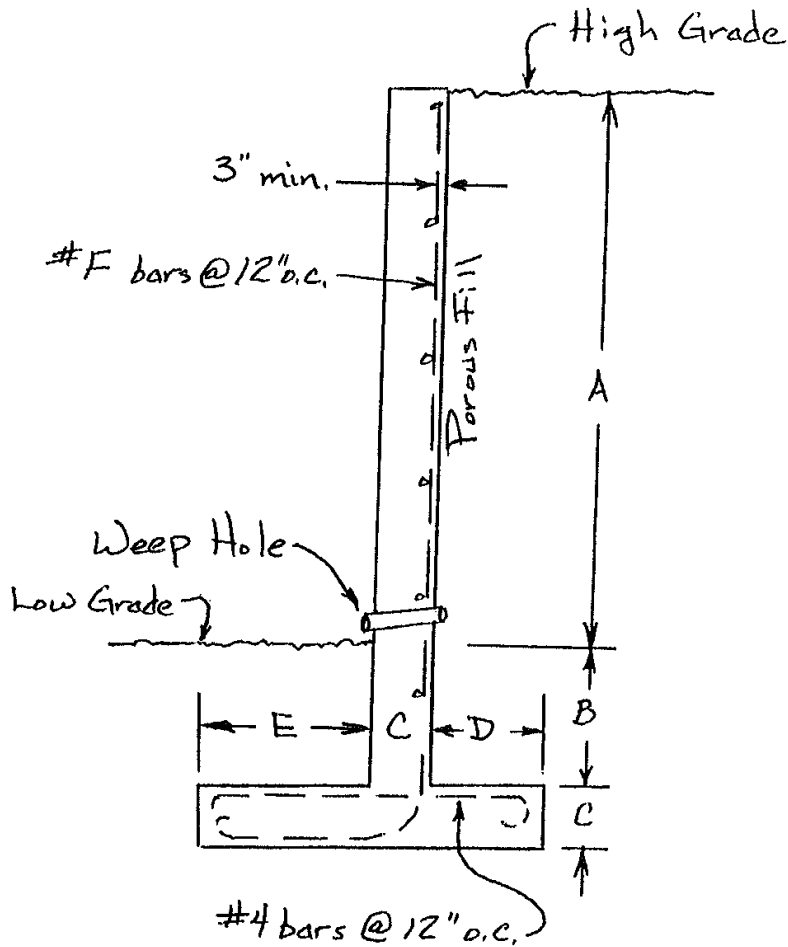
100

Building Permit Fee	\$ <u>44.50</u>
Plan Review Fee	\$ <u>11.25</u> [25% (\$44.50 x .25)]
Total Barrier Permit Fee	\$ <u>55.75</u>

REINFORCED CONCRETE RETAINING WALLS CANTILEVER TYPE

A	B	C	D	E	F
10'	30"	12"	26"	38"	#8
8'	31"	11"	21"	34"	#6
6'	33"	9"	18"	25"	#6
4'	34"	8"	12"	14"	#4

Weep Holes to be two inch p.v.c. at ten feet on center.



REINFORCED CONCRETE RETAINING WALLS

Designs are based on adequate soil to resist to pressure and an angle of repose of thirty-three degrees, which is for average soil. Horizontal bars to prevent cracking are to be #3 rods, at two feet on center, with construction joints thirty feet apart. If construction joints are omitted, heavier bars must be used. No surcharge has been figured in the design of these walls.

