



# RETAINING WALL PERMIT APPLICATION

**CITY OF UNDERWOOD**  
BUILDING AND SAFETY DEPARTMENT  
INSPECTION LINE 712.256.6493  
City Hall 712.566.2373  
Fax 712.566.2083  
P.O. Box 40  
218 Second Street  
Underwood, Iowa 51576

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

**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)

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

\_\_\_\_\_ Lin. Ft. @ 6' and higher x \$3.75 = \_\_\_\_\_ Valuation

\_\_\_\_\_ Lin. Ft. @ 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! FENCE & WALL ACKNOWLEDGEMENT**

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 City 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 City 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 Department 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 CITY INSPECTION REQUEST MESSAGE SYSTEM (CIRMS) AT (712) 256-6493.**
- 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 Department  
Office Hours: 8:00 a.m. to 4:30 p.m.  
**INSPECTION REQUEST LINE: (712) 256-6493**  
City Hall: (712) 566-2373  
Fax: (712) 566-2083

**\*\*EXAMPLE ONLY\*\***

250 Total Lineal 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 Lineal 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 ]*

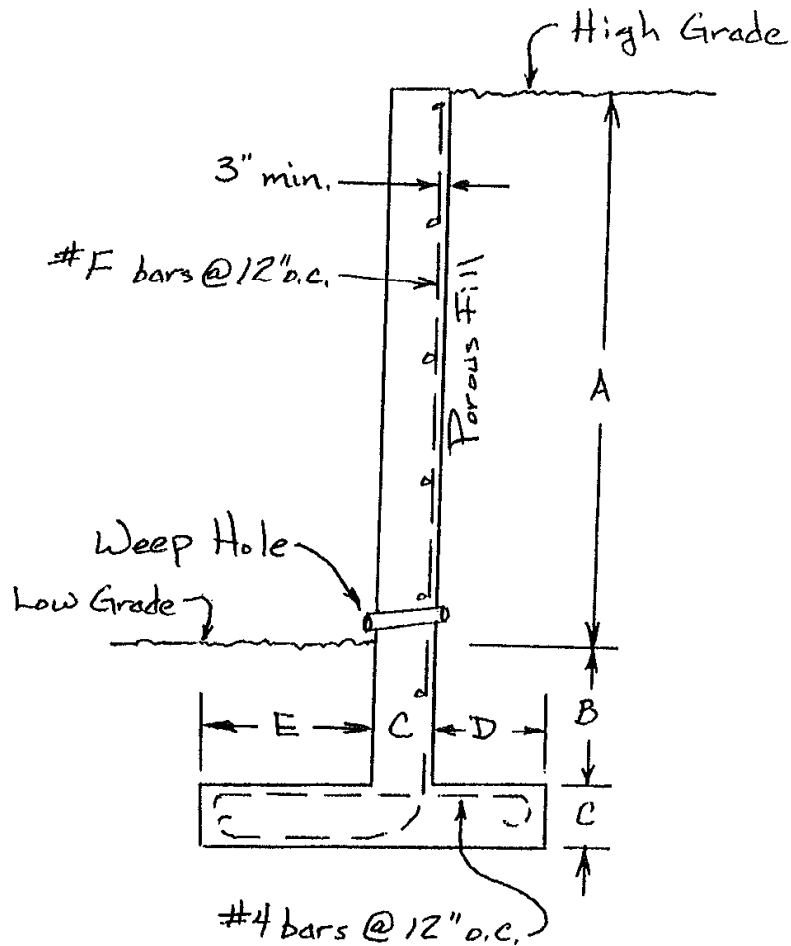
*100*

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.

