

City of Woden

302 Main
Woden IA 50484

wodencity@wctatel.net

641-926-5715

BUILDING PERMIT# _____ DATE OF APPLICATION _____

NAME OF APPLICANT _____

(Signature)

ADDRESS _____

PROPERTY DESCRIPTION

LOCATION _____
(Block) (Lot)

Description of improvements or repairs to be made:

Estimated costs of material \$ _____
Labor \$ _____
Land \$ _____
Total project costs \$ _____

DATE PERMIT PASSED BY THE COUNCIL _____

ATTEST: _____
(CityClerk) (Mayor)

On the back sketch a drawing of construction indicating size and exact location on lot.

Return completed form with \$5.00 fee before any work is started.