



City of Van Meter
310 Mill Street
PO BOX 160
Van Meter, IA 50261
City Hall (515) 996-2644
permits@vanmeteria.gov
www.vanmeteria.gov

Permit Application to be submitted after compliant inspection.

Vacant Building Permit Application

PROPERTY OWNER INFORMATION:

Name: _____ Email: _____

Property Management Company Name (if applicable): _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

PROPERTY INFORMATION:

Property Location: _____

Property Square Footage: _____ # of Units in Building: _____

Type of Use: Residential _____ Commercial _____ Industrial _____ Multi-Family _____ Mixed Use _____

Date of Initial Inspection: _____ Date of Inspection Compliance: _____

Anticipated Date Building Will No Longer Be Vacant: _____

Description of Action Plan for Restoring the Building to Service (including timelines): _____

Property owners must notify the City Clerk (permits@vanmeteria.gov) within five (5) days of any change of agent or ownership and within thirty (30) days for any change in contact information, including phone number and mailing address.

By signing below, I acknowledge that all information provided is accurate to the best of my knowledge and I am hereby applying for a Vacant Building License for the above-described property. I understand that I am responsible for paying all associated fees, submitting to a minimum of one annual full inspection, and maintaining compliance with applicable City Codes for the above-described property.

Signature: _____

Printed Name: _____

Date: _____

Office Use:

Application Date of Receipt: _____

Fee: _____ sq ft x \$.06= _____

Application Processing Date: _____

Fee Date of Receipt: _____

Permit Issuance Date: _____