City of Roland

www.cityofroland.org

TRADE PERMIT

Permit No.

202 East Ash St P.O. Box 228 | Ph: 515-388-4861 Fax: 515-338-5595

Check all that apply

TYPE OF PERMIT: ☐ **Plumbing** ☐ **HVAC** ☐ **Electric**

Call V&K at (515) 225-8000 to Schedule an inspection

JOB ADDRESS	APPLICANT
Street Number/Name:	☐ Contractor/Company or ☐ Homeowner
Owner/Tenant Name:	Name: State License #
Phone Number:	Phone Number: Email Address:
	Postal Address:
	City /State/Zip:

DISCRIPTION OF WORK TO PREFORM
SIGNATURE OF OWNER/AGENT: X **DATE:**

PLUMBING $75	$_____	Amount Paid:	$_____
HVAC $75	$_____	Check #	_____
ELECTRIC $75	$_____	Initials:	_____
TOTAL	$_____	Stamp	

Special Notes:

APPROVED BY: _____ **DATE:** _____

Building Official

Permit shall expire if work is not commenced within 180 days or if work is abandoned for 120 days. It is the responsibility of the permittee to call for all Inspections – **Phone 515-225-8000. 24-hour notice is required**. Permits are non-transferable. All work shall be performed by permittee or its employee.

12-1-15