ADDRESS		CITY OF LAKESIDE Building Department Record File ADDITIONS, REMODELS, REPAIRS	
NO ZONE	Resi	dential Com	mercial
Application is hereby made for a permit and app and subject to all the provisions of the State Law	proval to reconstruct, rea	model or repair a building for the s. Any plans required are made a	purpose herein after set forth, part hereof.
Contractor:	Kind of Construction:		
Purpose of Building:	Size:	No. of Rooms:	Windows:
Height of Stories:	Sewer Water:	Heating: _	
Distance to lot lines: Front:	Side:	Rear:	
Private Garage: Attached? De	etached?	Kind of Roof: Gable?	Flat?
Distance to nearest building on same lot			
New Store Front:	Mat	erial:	
Remarks:			
	A STATE OF THE STA		
Cost: (including labor and material) \$			
I declare this statement to be true and correct.	Signe	ed:	
Dota			(Owner or Contractor)
Date:			

REORDER FROM: Office Elements, Storm Lake, IA 50588

Building Inspector