



Tenant Improvement (Commercial Remodels)

Plan Submittal Requirements

Codes and Design Criteria

2021 International Building Code
State of Iowa Electric Code (2023 NEC)
State of Iowa Mechanical Code (2021 IMC)

2021 International Fire Code
State of Iowa Energy Code (2012 IECC)
State of IA Plumbing Code (2021 UPC)

THE FOLLOWING ITEMS SHALL BE **EMAILED** or **ELECTRONICALLY SUBMITTED**
FOR PLAN REVIEW & PERMIT APPROVAL TO:

bi@wdm.iowa.gov

An incomplete submittal is the primary reason for delays in the review process.

1) This Tenant Improvement Form

2) Building Permit Application (included in packet)

3) Architectural plans, to scale, including the following details:

- **Code analysis** required for change in occupancy, assembly & large projects
- Project **name, address, suite number**, etc. shown on the plan.
- Plans are **signed & stamped** by a licensed architect or engineer or a **Cert. of Exemption from Arch. Practice Form** has been provided.
- **Key plan** showing location of the tenant space within the building.
- **Square footage** and all dimensions
- **Label all rooms** or areas and usage as necessary
- **Existing** Floor plan & Demolition plan
- **Accessibility Requirements**
- **Equipment plans** for kitchens, mech. rooms, etc.
- **EXIT SIGNS, EMERGENCY LIGHTS, FIRE EXTINGUISHERS, FIRE/LIFE SAFETY DEVICES and/or ALARMS**
- **See Fire Department Checklist for additional requirements and information.**

4) FIRE DEPARTMENT COMMERCIAL CHECKLIST (included in packet)

Does this building have a **fire sprinkler system**? Yes No

If not, is a fire sprinkler system planned? Yes No

What will be the **use** of this tenant space:

Name of **previous tenant** and use:

What type of construction **exists** (Wood frame/Steel studs/Gypsum board, etc.): _____

What type of is **proposed** (Wood frame/Steel studs/Gypsum board): _____

Will this project include a **Type I grease hood**? Yes No

The owner, contractor, & developer are solely responsible for compliance with the **Americans with Disabilities Act (ADA) (2010 ADDAG Standards)** and the **Fair Housing Act (ICC/ANSI A117.1)**. For questions, call the Iowa Division of Persons with Disabilities at 515-242-6172. All such provisions should be included in the submitted plans.

All contractors should register with the *State of Iowa Division of Labor*. 800-562-4692

Food Establishments need to contact *State of Iowa, Inspections & Appeals (Food Safety)* at 515-281-6538 and the *Wastewater Reclamation Authority (WRA)* about FOG & Grease Interceptors at 515-323-8123.

Elevator contractors must contact *State of Iowa Division of Labor* for approval. 515-725-5612.

Pools shall be permitted through the *State of Iowa Department of Public Health*. 515-281-8722.

NOTE: You must call both the Building Dept. (222-3630) & Fire Dept. (222-3420) to schedule inspections.



Building Permit Application

4200 Mills Civic Parkway Suite 1D West Des Moines, Iowa 50265 Phone: 515-222-3630

Email Applications to: bi@wdm.iowa.gov Effective 7/1/2025-6/30/26

Incomplete applications or plan submittal packets will delay plan review and permit approval.

Project Address: _____ **Suite/Unit #** _____ **WDM, IA 5026** _____

Plat Name (City can help find this information): _____ Lot #: _____ Zoning: _____

Description of Project: _____

Is this project for an existing Single Family/Townhome property? Yes: ___ No: ___ If yes, is it owner occupied? Yes: ___ No: ___

Project Schedule and/or Approximate Completion Date: _____

Total Valuation of the Work for this Project (Do not include land costs): \$ _____

Commercial & Multifamily project square footage: _____ Shell Building Sq. ft. (if applicable): _____

Single Family and Town Home project square footage for 1st and 2nd floor: _____ Garage: _____
Basement Finished area: _____ Unfinished Basement area: _____ Deck: _____
Enclosed Deck or Porch (with windows and walls): _____ Roof Covered Deck or Porch: _____

Demolition Projects: Building Structure Only? Yes: ___ No: ___ Grading land? Yes: ___ No: ___ Clearing trees? Yes: ___ No: ___

Property Owner: _____

Street Address _____ City/State/Zip _____

Email: _____ Phone # (_____) _____

Contractor (if different than the property owner): _____

Street Address _____ City/State/Zip _____

Email: _____ Phone # (_____) _____

Architect/Engineer (if applicable): _____

Street Address _____ City/State/Zip _____

Email: _____ Phone # (_____) _____

Applicant Print Name _____ Phone # (_____) _____

Applicant's Email _____

Applicants, owners, and contractors submitting this application agree to comply with City Ordinances regulating building construction, accessibility and energy, including applicable State and Federal Laws.

* Separate Electrical, Mechanical, & Plumbing permits are required (The Contractor shall be licensed by the State of Iowa).
* Permits will expire if the work is not started within 6 months, or if the applicant does not schedule an inspection for 6 months.
* Permits may also expire if the project schedule or completion date is not met (Extensions may be granted by the Building Official).
* It is the applicant, owner, & contractor's responsibility to comply with restrictive covenants, easements, and to locate property lines.

Office Use Only: Received by: _____ Date: _____ Reviewed by: _____ Date: _____

City calculated valuation: \$ _____ Permit Fee: \$ _____

Fee Receipt No: _____ Date: _____ Permit #: _____



Commission on
Fire Accreditation
International

WEST DES MOINES FIRE DEPARTMENT FIRE PREVENTION DIVISION

COMMERCIAL CHECKSHEET – TENANT IMPROVEMENTS Based on the 2021 International Fire Code and West Des Moines Fire Department, Fire Code Supplement for IFC 2021

This checklist is a highlight of the code requirements for Tenant Improvements in the City of West Des Moines and is required to be signed, dated, and returned with the building permit application. Some items may not apply to you. Please send all plans through the City of West Des Moines Building Department unless specifically requested by the Fire Marshal. Two sets of plans are required by the Fire Department. One set will be returned to the Building Department with any corrections noted. Existing and proposed life safety items such as exit signs, emergency lights and fire extinguishers shall be shown on the plans or the plans will be rejected. You will sign for any corrections when you pick up the plans at the Building Department.

NOTE: THE PRIMARY REASON A BUILDING OR TENANT SPACE IS DELAYED IN OPENING AND RECEIVING THE FINAL CERTIFICATE OF OCCUPANCY IS DUE TO THE CORRECTIONS REQUIRED BY THE FIRE MARSHAL WERE NEVER PASSED ON TO THE CONTRACTOR OR SUB-CONTRACTOR AT THE JOB SITE.

- ❑ Only contractors/businesses that are licensed with the West Des Moines Fire Department (WDMFD) can install or modify life safety systems to include fire extinguishers, fire sprinkler, fire alarms, or monitor the fire alarm system. Life safety systems shall be tagged with a West Des Moines Fire Department tag. Contact the Fire Department Division for a list of licensed contractors. Specific plan submittal requirements and fees apply for life safety systems.
- ❑ The suite number, approved by the Fire Marshal, shall be installed on the door area and rear door if applicable.
- ❑ A key to the occupancy will need to be secured from the tenant for the Knox box, if applicable.
- ❑ Modifications to the fire sprinkler system shall be approved prior to installation.
- ❑ Fire extinguishers shall be 5-pound ABC in sprinklered buildings and 10-pound ABC in non-sprinklered buildings. Travel distance for low hazard occupancy is 75 feet. Location shall be near designated EXIT doors. Check with the Fire Marshal for other type of occupancy requirements. Extinguishers for Type 1 hoods must be compatible with the hood system.
- ❑ Exit signs must be on battery backup or on emergency generator system. Combination exit signs and emergency lights are not allowed. The exit sign and emergency light shall be separated by distance of 6 feet minimum.



- ❑ Emergency lights shall provide 1 foot-candle illumination at floor level for egress travel. Dual beam are preferred. A furniture plan must be submitted for proper location of emergency lights. A photometric plan may be required. Emergency lights are required in all restrooms with more than 1 fixture and/or handicap accessible.
- ❑ Modifications to the fire alarm system shall be approved prior to installation.
- ❑ Where corridors and/or hallways are protected by fire sprinkler systems, they shall also be protected by photoelectric smoke detectors tied to the building fire alarm system.
- ❑ Strobe devices are required in all restrooms with more than 1 fixture and/or handicap accessible. A horn/strobe shall be located outside the restroom.
- ❑ Fire-rated corridor doors. The door and hardware schedule shall be provided on the plans. The rated door assembly shall include appropriate rating of door and frame, ball bearing hinges, closer, smoke gasket and rated latch assembly. Spring hinges are not allowed.
- ❑ Installation of a generator shall be limited to a maximum of 1,500 gallons of type II fuel in a NFPA/UL compliant sub-base tank, quantities greater than 1,500 but less than 5,001 gallons of a type II fuel shall be stored in an approved vaulted tank. Aggregate maximum is 5,000 gallons. A permit is required.
- ❑ Elevators shall be governed by the Iowa state code. Contact the state elevator inspector for questions.
- ❑ Magnetic locking devices are not allowed on places of assembly and have special code requirements. Contact the Fire Marshal, if allowed, for special requirements.
- ❑ Type 1 Hoods. Contact the Fire Marshal for special requirements. (All commercial cooking equipment including residential stoves and ovens used in a commercial building require Type I hoods with suppression.)

If you have any questions, please contact us via email or phone.

West Des Moines Fire Prevention Division
 Mike Whitsell
 Fire Marshal
 (515) 222-3437
Mike.whitsell@wdm.iowa.gov

Signature

Date



CERTIFICATION OF EXEMPTION FROM ARCHITECTURAL PRACTICE ACT

Date: _____

I, _____, NOT LICENSED TO PRACTICE ARCHITECTURE in the state of Iowa, hereby certify that the technical submission for the project known as:

_____ located at: _____ West Des Moines, IA _____

has been prepared by me under the exception to the requirement for professional architectural services as set forth in Section 544A.18 of the Code of Iowa and as noted below:

- 1. Detached residential buildings containing twelve or fewer family dwelling units AND of not more than three stories in height, AND/OR an outbuilding in connection with such building.
- 2. Building used primarily for agricultural purposes, including grain elevators and feed mills.
- 3. Nonstructural alterations to an existing building, which do not change the use of a building FROM any other use TO a place of assembly of people or public gathering.
- 4. Nonstructural alterations to an existing building, which do not change the use for the building FROM any other use to a residential use. (Note: exemption 1 may apply in lieu of this exemption.)
- 5. Nonstructural alterations to an existing building, that do not change the use of the building FROM a industrial or warehouse use TO a commercial or office use. (Note: Exemption 6 may apply in lieu of this exemption.)
- 6. Warehouse AND/OR commercial building, not more than one story in height AND not exceeding ten thousand square feet (10,000 s.f.) in gross floor area.
- 7. Commercial building, not more than two stories in height AND not exceeding six thousand square feet (6,000 s.f.) in gross floor area.
- 8. Light industrial building.
- 9. Factory-built building, not more than two stories in height OR not exceeding twenty thousand square feet (20,000 s.f.) in gross floor area (OR which is certified by an Iowa licensed professional engineer.)
- 10. Church AND/OR attached or separate accessory building, not more than two stories in height OR not exceeding two thousand square feet (2,000 s.f.) in gross floor area.

Typical Tenant Improvement →



FEE ESTIMATOR I

(For Building Permit Applications)

(Effective 7-01-25 through 6-30-26)

This form does NOT need to be completed for permit submittal.

Calculations provide an ESTIMATE ONLY. The actual fee will be determined by the Building Official based on calculated or actual valuation, whichever is greater. Permit fees shall be collected by the Building Division payable to the City of West Des Moines. No building permits shall be issued to any person or company who has fees outstanding, or outstanding violations of the Building Code or any laws or ordinances of the City of WDM.

Project Address & Description: _____

Name & contact phone number: _____

Total project valuation: \$ _____ Total Square Footage of Project _____

*Use the following Table to determine the building permit fee, which is part of the total fee estimate:

Project Valuation	Fee
\$1 to \$2,000	\$60 (minimum fee for any permit)
\$2,001 to \$25,000	\$62 for the first \$2,000 ----- plus \$11.40 for each additional \$1,000 or fraction thereof, to and including \$25,000
\$25,001 to \$50,000	\$330 for the first \$25,000 --- plus \$10.00 for each additional \$1,000 or fraction thereof, to and including \$50,000
\$50,001 to \$100,000	\$575 for the first \$50,000 --- plus \$4.80 for each additional \$1,000 or fraction thereof, to and including \$100,000
\$100,001 to \$500,000	\$820 for the first \$100,000 - plus \$4.70 for each additional \$1,000 or fraction thereof, to and including \$500,000
\$500,001 and up	\$2,720 for first \$500,000 --- plus \$3.30 for each additional \$1,000 or fraction thereof

*BUILDING PERMIT FEE (from table above): ----- \$ _____

(Investigation fee for work without permit = to building permit fee above) ----- \$ _____

PLAN REVIEW FEE (equal to 65% of the building permit fee): ----- \$ _____
 (Plan review fees apply to new commercial, tenant improvement, and multifamily)

FIRE DEPT. PLAN REVIEW (\$115 minimum, or per the following schedule:
 100-6,000 sq. ft.: **\$115**; 6,001-12,000 sq. ft.: **\$230**; 12,001-24,000 sq. ft.: **\$345**;
 24,001-50,000 sq. ft.: **\$482**; 50,001-100,000 sq. ft.: **\$575**; 100,001-500,000 sq. ft.:
\$1,150; 500,001-1,000,000 sq. ft.: **\$1,725**; 1,000,000 sq. ft. and above:
\$1,725 + \$115 for every 6,000 sq. ft. above 1,000,000): ----- \$ _____

SEWER TAP FEE (**\$81** per building when new tap is required): ----- \$ _____

SIDEWALK FEE (**\$17.50** per building when new sidewalk is required): ---- \$ _____

STORMWATER EROSION INSPECTION FEE (**\$150** minimum): ----- \$ _____
 (Based on 2 required inspections at **\$75** each) (Large projects will be estimated)

SEWER CAPITAL CHARGE (Applies to new **COMMERCIAL** projects, or if additional plumbing fixtures are added to existing projects. Calculate on table below):

Fixture Type	Cost Per Fixture	No. of Fixtures	=	\$
Sink, lavatory, drain, or similar	\$75	x _____	=	\$ _____
Water closet or urinal	\$150	x _____	=	\$ _____

SEWER CAPITAL CHARGE (Applies to all **multifamily** projects)
\$740 (per dwelling unit) x (total number of units) _____ = \$ _____

CERTIFICATE OF OCCUPANCY FEE (**\$58** per permit): ----- \$ _____

*ESTIMATED FEE (DO NOT SUBMIT UNTIL CONFIRMED) \$ _____

* Additional fees will apply for Electrical, Mechanical, & Plumbing permits.
 * Contact West Des Moines Water Works at 515-222-3460 for fee and connection costs.

Development Services
Department

Building Inspection
 Division

bi@wdm.iowa.gov

4200 Mills Civic Parkway
 Suite #1D
 P.O. Box 65320
 West Des Moines, IA 50265

Building Division
 515-222-3620

Planning Division
 515-222-3620

FAX 515-273-0602
 TDD/TTY 515-222-3334

Fire Marshal
 515-222-3420

IOWA ONE CALL
 Call 811 Before You Dig
 Or 1-800-292-8989
 www.iowaonecall.com

OFFICE USE ONLY

Total project valuation: _____

Cost per sq. ft. _____ x _____

Project sq. ft. _____

Valuation \$ _____

CALCULATED FEE

\$ _____

By _____

Date _____