



Permit & Development Center
 Community Development Department
 602 Robert D. Ray Dr • Des Moines, IA 50309

RESIDENTIAL

Building Permit Application

Project Address: _____

Assessor Parcel #: _____

Description of Project: _____

	<u>Finished Areas</u>	<u>Unfinished Areas</u>
Basement:	_____	_____
1st Floor:	_____	_____
2nd Floor:	_____	_____
3rd Floor:	_____	_____
Garage:	_____	Porch: _____
Deck(s):	_____	Paved Area: _____

Applicant: _____ **Address:** _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Cell: _____ Fax: _____
 Email: _____

Property Owner: _____ **Address:** _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Cell: _____ Fax: _____
 Email: _____

Contractor: _____ **Address:** _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Cell: _____ Fax: _____
 Email: _____

Designer: _____ **Address:** _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Cell: _____ Fax: _____
 Email: _____

I acknowledge that I have read this application and agree to comply with all City Ordinances, State and federal Laws regulating building construction. I also understand that my signature as the applicant acknowledges my responsibility for this project until final approval by the City.

Print Name: _____	Phone: _____
Signature: _____	Email: _____

Conditions of Approval: *Separate permits are required for Electrical, plumbing, HVAC and Signs. This permit is null and void if authorized work is not started within 180 days from the date of permit issue. Confirming restrictive covenants and property line locations is the owner/contractor's responsibility.*

***Parcels are required to be combined prior to permit issuance, if applicable.**