



CITY OF ADEL
APPLICATION FOR BUILDING PERMIT
 301 S. 10th ST.
 Phone: 515-993-4525

Rec'd By _____	Application Date _____
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Property Information:		Property Owner Information:	
Street Address: _____		Name _____	
Block Number _____	Lot Number _____	Mailing Address _____	
Lot Size _____	Zoning _____	City/State/Zip _____	
No. of Buildings on Lot _____	Subdivision/Addition _____	Phone: _____	Alt Phone: _____
Parcel ID _____			

Architect/Engineer	Contractor Information
Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
State Lic. No. _____	License Number: _____
Phone _____	Alt Phone _____
Alt Phone _____	Phone _____
Alt Phone _____	Alt Phone _____

I understand that construction on any easement will be at my own risk and responsibility and that I will be liable for any necessary removal should it become necessary. I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all city ordinances and state laws regulating building construction. I further agree and understand that the City of Adel has not reviewed nor does it make any representation concerning, any covenants or any restrictions where there may be covenants or other restrictions prohibiting the proposed improvement.

 Signature of Owner or Authorized Agent Date _____

PROJECT DESCRIPTION

New _____ Addition _____ Commercial _____ Industrial _____ Single Family _____ Multifamily/Duplex _____ Valuation: _____	Garage Slab _____ Attached Garage _____ Detached Garage _____ Basement : Finished _____ Unfinished _____ Size / Sq/ft _____ Building Height _____ # Stories _____
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REMARKS

ATTACH SITE PLAN & BUILDING PLAN

Site / Building Plan



A • D • E • L

I • O • W • A

Pre Approved by:

DATE

Building Official