CITY OF MAXWELL

PO Box 215, 107 Main Street
515.387.8655

BUILDING APPLICATION & PERMIT

	Zoning Use	Rec'd By	Date Submitted	Permit No.

OWNER NAME	Bldg Site Address
Address	**Lot No.** **Sub division**
City	
ARCHITECT	**Address/phone**
CONTRACTOR NAME	**Address/phone/Lic#/Bond**
ELECTRICAL CONTRACTOR	**Address/phone/Lic#/Bond**
MECHANICAL CONTRACTOR	**Address/phone/Lic#/Bond**
PLUMBING CONTRACTOR	**Address/phone/Lic#/Bond**

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 Maxwell has not, by issuance of this permit, 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	TO BE FILLED OUT BY CITY PERSONNEL		
Commercial ☐ Industrial ☐ Single Family ☐ Duplex ☐ Multifamily ☐	**Valuation**	**Footage**	
New ☐ Addition ☐ Alteration ☐ Repair ☐ Moving structure ☐ Demolition ☐		**FEE**	**DATE PAID RECEIPT NO.**
Dimensions_____ Number of Sq/ft_____ Height _____ Number of Stories_____	PERMIT	$	
	PERMIT DEPOSIT	$	
Garage: Slab ☐ Attached ☐ Detached ☐ *Basement:* Finished ☐ Unfinished ☐	SEWER Connection	$	
	WATER Connection	$	
Sidewalk ☐ Driveway ☐ Curb Cut ☐ Sign Type_____	WATER BILLING DEPOSIT	$	
	OTHER	$	
DESCRIBE PROJECT AND ATTACH SITE PLAN INCLUDE SETBACK MEASUREMENTS	***TOTAL***	$	

SAFE
BUILDING

REGULAR INSPECTIONS AND 24 HOUR NOTICE ARE REQUIRED
TO MAKE APPOINTMENTS CONTACT SAFE BUILDING COMPLIANCE & TECHNOLOGY @ 515-333-4161

WHEN APPROVED BY THE CITY BUILDING DEPT THIS BECOMES YOUR PERMIT

APPROVED BY	DATE

REMARKS