

STATE LICENSE NO. _____

CHILDERSBURG, ALABAMA-35044

PERMIT NO. _____

256-378-5521

B _____

BUILDING PERMIT APPLICATION

IMPORTANT - Complete ALL items applicable to the proposed location.

I. OWNER'S NAME: _____

Lot _____ Block _____

ADDRESS: _____

II. TYPE AND COST OF BUILDING - All applicants complete Parts A-D

A. TYPE OF IMPROVEMENT

- : : New Building
- : : Addition (if residential, enter # of new housing units added, if any, in part B)
- : : Alteration (see 2 above)
- : : Repair; Replacement
- : : Wrecking (If multifamily residential, enter # of units in Building in Part B)
- : : Moving (Relocation)
- : : Foundation Only

B. PROPOSED USE - For "Wrecking" most recent use

- RESIDENTIAL
- : : One Family
- : : Two or more family - # Units _____
- : : Transient hotel, motel or dormitory - # Units _____
- : : Garage
- : : Carport
- : : Other - Specify _____

NONRESIDENTIAL

- : : Amusement; Recreational
- : : Church; Other Religious
- : : Parking Garage
- : : Service Station; Repair Garage
- : : Hospital; Institutional
- : : Office; Bank; Professional
- : : Public Utility
- : : School; Library; Other Educational
- : : Stores; Merchandise
- : : Other _____

C. COST

Cost of Improvement \$ _____
 To be installed but not included in the above cost
 a. Electrical \$ _____
 b. Plumbing \$ _____
 c. Heating/Air Conditioning \$ _____
 d. Other (Elevator, etc) \$ _____
TOTAL COST OF IMPROVEMENT \$ _____

D. SUB-CONTRACTORS: Please give names of following:

Electrical _____
 Plumbing _____
 Heating _____
 Air Conditioning _____
 Painting _____
 Roofing _____
 Flooring _____
 Other _____

III. SELECTED CHARACTERISTICS OF BUILDING -- For new buildings and additions, complete Parts E-K

E. PRINCIPAL TYPE OF FRAME

- : : Masonry (wall bearing)
- : : Wood Frame
- : : Structural Steel
- : : Reinforced Concrete
- : : Other--Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

Gas _____ Oil _____ Electricity _____

G. TYPE OF SEWAGE DISPOSAL

Sanitary Sewer _____ Septic Tank _____

H. TYPE OF MECHANICAL

Will there be central air conditioning? _____

I. DIMENSIONS

- a. Number of Stories _____
- b. Total Square Feet of Living Area _____
- c. Square Feet of Non-living Area _____
- d. Total Land Area (sq. ft.) _____
- J. Number of off-street parking places** _____
 Enclosed _____ Outdoors _____

K. RESIDENTIAL BUILDINGS ONLY: Number Bedrooms _____ Number Bathrooms _____ **Total** Number of Rooms _____

HEALTH DEPT. PERMIT NUMBER _____

INSPECTIONS REQUIRED:

FOOTINGS (Before concrete is poured) _____
 ROUGH FRAMING _____
 FINAL INSPECTION _____

IV. IDENTIFICATION -- To be completed by all applicants

CONTRACTOR: _____ **PHONE** _____

ADDRESS: _____

- : : OWNERSHIP: Private (Individual, Corporation, Nonprofit Institution, etc)
- : : PUBLIC (Federal, State, or Local Government)

PERMIT FEE _____
1/8 OF 1% LICENSE FEE _____
TOTAL FEE \$ _____

I hereby certify that I have read this application and that all information contained herein is true and correct. That, I agree to comply with all city ordinances and state laws regulating building construction. That, I am the owner or authorized to act as the owner's agent for the herein described work; and that, the total contract or valuation is:

\$ _____ **NAME OF COMPANY** _____

DATE _____ **SIGNATURE** _____