

# BUILDING PERMIT APPLICATION

## CITY OF ASHVILLE

211 8<sup>TH</sup> STREET ASHVILLE AL 35953  
205-594-4151

FOR OFFICE USE ONLY

PERMIT NO.: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

TOTAL PAID: \_\_\_\_\_

DATE APPLIED: \_\_\_\_\_

OWNER OR CONTRACTOR REQUIRED TO PROVIDE LIST OF ALL SUB-CONTRACTORS

### JOB LOCATION INFORMATION:

ADDRESS: \_\_\_\_\_ ZONING CLASSIFICATION: \_\_\_\_\_

### OWNER INFORMATION:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_

IF HOMEOWNER OBTAINING PERMIT, ATTACH AFFIDAVIT  
FROM ALABAMA HOMEBUILDERS' LICENSURE BOARD

### CONTRACTOR INFORMATION:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_

LICENSE CITY \_\_\_\_\_ STATE \_\_\_\_\_

### JOB DESCRIPTION:

FOR: NEW CONSTRUCTION \_\_\_\_\_ REPAIR \_\_\_\_\_ ADDITION \_\_\_\_\_ MOBILE HOME \_\_\_\_\_ SIGN \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

TYPE CONSTRUCTION (INT'L BLDG CODE) \_\_\_\_\_ OCCUPANCY USE (INT'L BLDG CODE) \_\_\_\_\_

PLOT PLAN SUBMITTED: YES \_\_\_\_\_ NO \_\_\_\_\_ EXISTING STRUCTURES LOCATED ON PLOT: YES \_\_\_\_\_ NO \_\_\_\_\_

IN FLOOD PLAIN: YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

### **SEWAGE DISPOSAL: (MUST PROVIDE COPY WITH APPLICATION)**

ON-SITE: \_\_\_\_\_ ST. CLAIR CO. HEALTH DEPARTMENT PERMIT # \_\_\_\_\_ SEWER: CITY \_\_\_\_\_

### **RESIDENTIAL ONLY:**

# STORIES \_\_\_\_\_ ELEVATOR: YES \_\_\_\_\_ NO \_\_\_\_\_  
SQ. FT. LIVING AREA: \_\_\_\_\_  
SQ. FT. NON.LIVING AREA: \_\_\_\_\_  
# BEDROOMS \_\_\_\_\_ # BATHS \_\_\_\_\_ # TOTAL ROOMS \_\_\_\_\_

### **COMMERCIAL ONLY:**

# STORIES \_\_\_\_\_ ELEVATOR: YES \_\_\_\_\_ NO \_\_\_\_\_  
TOTAL SQ. FT.: \_\_\_\_\_  
# OFFICES \_\_\_\_\_ # BATHS \_\_\_\_\_ # STORAGE ROOMS \_\_\_\_\_  
# TOTAL ROOMS: \_\_\_\_\_ # PARKING SPACES: \_\_\_\_\_

### CERTIFICATION:

By signing below, I hereby certify that all information contained herein is true and correct to the best of my knowledge; that I agree to comply with all City Ordinances and Regulations, Building Codes, and State Laws regulating building construction; that I am the Owner or authorized as the Owner's Agent for the work described herein.

\_\_\_\_\_  
SIGNATURE: BY OWNER OR AUTHORIZED AGENT

PRINT NAME: \_\_\_\_\_

### **COST OR VALUATION OF JOB:**

### **TOTAL PROJECT COST:** \_\_\_\_\_

BUILDING PERMIT FEE \_\_\_\_\_  
(\$9.00 for each \$1000.00 cost plus \$41.00 issuance fee)

PLANS REVIEW FEE \_\_\_\_\_  
(Residential \$125.00 or Commercial see Ordinance 2024-006)

RE-INSPECTION FEES \_\_\_\_\_

TOTAL FEES \_\_\_\_\_