

CITY OF ASHVILLE
HEATING / AIR CONDITIONING / REFRIGERATION
PERMIT APPLICATION
 211 8TH STREET ASHVILLE AL 35953
 205-594-4191

FOR OFFICE USE ONLY
PERMIT NO.: _____
DATE ISSUED: _____
ISSUED BY: _____
TOTAL PAID: _____

DATE APPLIED: _____
 TO: BUILDING INSPECTOR ASSOCIATED BUILDING PERMIT NO. _____

JOB LOCATION INFORMATION:
 ADDRESS: _____ ZONING CLASSIFICATION: _____

<p><u>OWNER INFORMATION:</u> NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____</p> <hr/> <p style="text-align: center;">IF HOMEOWNER OBTAINING PERMIT, ATTACH AFFIDAVIT FROM ALABAMA HOMEBUILDERS' LICENSURE BOARD</p>	<p><u>CONTRACTOR INFORMATION:</u> NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____</p> <p>LICENSE CITY _____ STATE _____</p>
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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 _____

<p><u>RESIDENTIAL ONLY:</u> # STORIES _____ ELEVATOR: YES _____ NO _____ SQ. FT. LIVING AREA: _____ SQ. FT. NON.LIVING AREA: _____ # BEDROOMS _____ # BATHS _____ # TOTAL ROOMS _____</p>	<p><u>COMMERCIAL ONLY:</u> # STORIES _____ ELEVATOR: YES _____ NO _____ TOTAL SQ. FT.: _____ # OFFICES _____ # BATHS _____ # STORAGE ROOMS _____ # TOTAL ROOMS: _____ # PARKING SPACES: _____</p>
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<p><u>CERTIFICATION:</u> 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.</p> <hr/> <p>SIGNATURE: BY OWNER OR AUTHORIZED AGENT</p> <p>PRINT NAME: _____</p>	<p><u>COST OR VALUATION OF JOB:</u> <u>TOTAL PROJECT COST:</u> _____ PERMIT FEE _____ (\$9.00 for each \$1000.00 cost plus \$41.00 issuance fee) TOTAL FEES _____</p>
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I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ALL WORK WILL BE DONE IN ACCORDANCE WITH APPLICABLE CODES AND REGULATIONS.

SIGNATURE: _____ PRINTED NAME: _____

MASTER CARD NUMBER: _____ ASHVILLE BUSINESS LICENSE NUMBER: _____