

BUILDING PERMIT APPLICATION

CITY OF MOODY

2900 DANIEL DRIVE • MOODY, AL 35004
(205) 640-2515 • (205) 640-2531 (FAX)

PLEASE PRINT

DATE APPLIED: _____

FOR OFFICE USE ONLY

PERMIT NO.: _____

DATE ISSUED: _____

APPROVED BY: _____

TOTAL PAID: _____

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

JOB LOCATION INFORMATION:

ADDRESS: _____ ZONING CLASSIFICATION: _____

LOT #: _____ SECTOR/PHASE: _____ SURVEY/SUBDIVISION: _____

LEGAL DESCRIPTION: SECTION: _____ TOWNSHIP: _____ RANGE: _____ PARCEL ID: _____

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: _____ MOBILE: _____

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 _____ BWWSB _____ IMPACT PERMIT # _____

RESIDENTIAL ONLY:

STORIES _____ ELEVATOR: YES _____ NO _____

SQ. FT. LIVING AREA: _____

SQ. FT. NON-LIVING AREA: _____

BEDROOMS _____ # BATHS _____ # TOTAL ROOMS _____

OFF-STREET PARKING: YES _____ NO _____ TOTAL SPACES _____

CITY STORM WATER PERMIT #: _____

IF ADEM PERMIT ISSUED, PROVIDE COPY WITH APPLICATION

COMMERCIAL ONLY:

STORIES _____ ELEVATOR: YES _____ NO _____

TOTAL SQ. FT. : _____

OFFICES _____ # BATHS _____ # STORAGE ROOMS _____

TOTAL ROOMS: _____ # PARKING SPACES: _____

SRINKLER SYSTEM: YES _____ NO _____ IF YES, # HEADS: _____

CITY STORM WATER PERMIT #: _____

IF ADEM PERMIT ISSUED, PROVIDE COPY WITH APPLICATION

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:

BUILDING PERMIT FEE _____

PLANS REVIEW FEE _____

RE-INSPECTION FEES
(1ST = \$20.00, 2ND = \$50.00, EACH ADDITIONAL = \$50.00)

TOTAL FEES _____

