

Application for Residential Building Permit

City of Clay, Alabama, Inspections Services Department
 P.O. Box 345, Clay, AL 35048 Phone: 680-1223

\$7.00 Per \$1,000 of Appraisal Value or \$80.00 per Square Feet of Living Space, whichever is greater, plus

BASE FEE: \$250.00
 ISSUANCE FEE: \$25.00

RESIDENTIAL BLDG. PERMIT NO. _____

BUS. LIC. NO. _____

ZONING APPROVAL: _____

SEWER: _____

BONDED STREET: _____

PARCEL I.D. _____

Application is hereby made for a building permit to accomplish the work as herein described in accordance with duplicate plans and / or specification and submitted herewith.

Has Developer or Owner paid the Community Investment Fee

Yes

No

APPLICANT	NAME _____	Site Location	ADDRESS _____
	ADDRESS _____		LEGAL DESCRIPTION _____ Lot _____ Block _____
	CITY _____ STATE _____ ZIP _____		Survey _____
	PHONE _____		Section _____ Township _____ Range _____
	PROVIDE LICENSE NUMBERS:		
	JEFFERSON COUNTY _____		
	ALABAMA _____		

Description of Work	Work Classified	Size, Etc.	OCCUPANCY	
	<input type="checkbox"/> New Construction	Area Per Floor _____	<input type="checkbox"/> Single	
	<input type="checkbox"/> Addition	Number of Stories _____	<input type="checkbox"/> Townhouse	Units _____
	<input type="checkbox"/> Alterations	Basement _____	<input type="checkbox"/> Duplex Dwelling	Sleeping Units _____
	<input type="checkbox"/> Structural Repair	1st Floor _____	<input type="checkbox"/> Hotel	Sleeping Units _____
	<input type="checkbox"/> Relocate	2nd Floor _____	<input type="checkbox"/> Garden Home	Sleeping Units _____
	<input type="checkbox"/> Other (Specify) _____	Living Area _____	<input type="checkbox"/> Lodging House	Sleeping Units _____
		<input type="checkbox"/> Apartments	Sleeping Units _____	
		<input type="checkbox"/> Condominiums	Sleeping Units _____	
		<input type="checkbox"/> Other (Specify) _____	Sleeping Units _____	

Type Heat To Be Provided:	Gas _____ Electric _____ Other _____	Owner	NAME _____
	Will Building or Premises Include		ADDRESS _____
	Automatic Sprinkler System* Yes _____ No _____		CITY _____ STATE _____
	Air Conditioning Yes _____ No _____		PHONE _____ ZIP _____
	Elevators _____ Number _____	Drawn by	____ Architect ____ Engineer ____ Designer
	Add \$50.00 per elevator _____ Specify _____		NAME _____
	Accessory Structures Yes _____ No _____		ADDRESS _____
	Included In General Contract Yes _____ No _____		CITY _____ STATE _____
	*If yes, you must fill out a Sprinkler Permit <input type="checkbox"/> <input type="checkbox"/>		PHONE _____ ZIP _____
			State of Alabama Registration # _____

Certification	Cost of Home Figured	Cost based on value	\$	RE-INSPECTION FEES		
	\$ _____	+ Base Fee	\$		First Re-inspection on each jobsite \$25.00	
	Base Fee is \$250.00 It is \$300.00 if contract cost is \$100,000 or more for apartments or townhomes.	+ Issuance Fee	\$		25.00	Second Re-inspection on each jobsite \$30.00
		+ Elevators	\$			All additional Re-inspections on each jobsite \$50.00
		Total Permit Fee	\$			

HEREBY CERTIFY: that I have read this application and that all information continued 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 this total contract or valuation is:

Name of Company _____

Signature _____ Date _____