

APPLICATION FOR NON-RESIDENTIAL BUILDING PERMIT
 CITY OF CLAY, ALABAMA, INSPECTION SERVICES DEPARTMENT
 P.O. BOX 345, CLAY, AL 35048 PHONE 680-1223

\$30.00
Minimum

FEE: \$7.00 per \$1,000 OF CONTRACT AMOUNT

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

DO NOT WRITE IN THIS SPACE

PERMIT NUMBER _____
 ZONING APPROVAL _____
 SEWER _____
 BOUNDED STREET _____
 PARCEL I.D. _____
 UTILITIES P. _____ E. _____ G. _____ N. _____
 APPROVED _____

PERSON, FIRM OR CORP. MAKING APPLICATION

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ IS APPLICANT A LICENSED CONTRACTOR YES NO
 IF YES, PROVIDE LICENSE NUMBERS—
 JEFFERSON COUNTY _____ ALA. _____

SITE LOCATION

ADDRESS _____
 LEGAL DESCRIPTION _____ LOT _____ BLOCK _____
 SURVEY _____
 SECTION _____ TOWNSHIP _____ RANGE _____

DESCRIPTION OF WORK

WORK CLASSIFIED	SIZE, ETC.
<input type="checkbox"/> NEW CONSTRUCTION	NUMBER OF STORIES _____ MAX. LENGTH _____
<input type="checkbox"/> ADDITION	MAX. WIDTH _____ MAX. HEIGHT _____
<input type="checkbox"/> ALTERATIONS	AREA PER FLOOR _____ LIVE LOAD CAP _____
<input type="checkbox"/> STRUCTURAL REPAIR	BASEMENT _____
<input type="checkbox"/> RELOCATE	1ST FLOOR _____
<input type="checkbox"/> OTHER (SPECIFY) _____	2ND FLOOR _____
	3RD FLOOR _____
	4TH FLOOR _____
	5TH FLOOR _____
	PENTHOUSE _____
	TOTAL ALL FLOORS _____
	Provide same information for each additional floor on reverse side of form or attached sheet and include area in total.

OCCUPANCY

EXPLAIN PROPOSED USE OF BUILDING _____

 LIST NUMBER OF SEPARATE UNITS OR OCCUPANCIES _____

 LIST MATERIALS TO BE STORED OR PROCESSED IN PROPOSED BUILDING _____

TYPE HEAT TO BE PROVIDED: GAS ELECTRIC OTHER _____

WILL BUILDING OR PREMISES INCLUDE: INCLUDED IN CONTRACT:

	YES	NO	YES	NO
AUTOMATIC SPRINKLER SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AIR CONDITIONING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELEVATORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	SPECIFY _____	<input type="checkbox"/>
ACCESSORY STRUCTURES	<input type="checkbox"/>	<input type="checkbox"/>	SPECIFY _____	<input type="checkbox"/>

PLOT INFORMATION

PLOT AREA IN SQUARE FEET _____
 PLOT WIDTH –FRONT _____ REAR _____
 LENGTH OF SIDES 1. _____ 2. _____
 NUMBER OF OFF STREET PARKING SPACES PROVIDED _____
 NUMBER OF OFF STREET LOADING SPACES PROVIDED _____
 NUMBER OF EMPLOYEES ON MAXIMUM WORKING SHIFT _____

OWNER

NAME _____
 ADDRESS _____
 CITY _____ STATE _____
 PHONE _____

ARE ANY STRUCTURES PRESENTLY LOCATED ON PLOT? YES NO
 IF YES, EXPLAIN _____

PLANS DRAWN BY

ARCHITECT ENGINEER DESIGNER

NAME _____
 ADDRESS _____
 PHONE _____
 STATE OF ALABAMA REGISTRATION NUMBER _____

IS ARCHITECTURAL OR ENGINEERING SUPERVISION INCLUDED YES NO
 IF YES, BY WHOM _____
 ARCHITECT ENGINEER
 STATE OF ALABAMA REGISTRATION NUMBER _____
 PHONE _____ **FEE AMT.** _____

ADDITIONAL FEES

RE-INSPECTION FEES	
First Re-inspection on each jobsite	\$25.00
Second Re-inspection on each jobsite	\$30.00
All additional Re-inspections on each jobsite	\$50.00

Base Fee (\$250.00, \$300.00 if contract cost is \$100,000 or more, \$750.00 if three or more stories.)
Fee based on Construction Cost \$7.00 per \$1,000 (Copy of contract required.)

CERTIFICATION

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 county 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:

COMMUNITY INVESTMENT FEE
 When there is no developer, this fee must be paid at the time of permit application. It applies to any commercial and / or industrial subdivision or any new industrial or commercial building. \$.26 per sq. ft. gross area
ELEVATORS (\$50.00 each)
 Total Permit Fee _____

NAME OF COMPANY _____
 SIGNATURE _____ DATE _____
 BY OWNER OR AUTHORIZED AGENT